## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT  1997  Secretary of State  DIVISION OF CORPORATIONS					Secretary of State		
1		00025881 (	(2)				
MICHAE	EL F. LANHAM, P.A.						
Principal Place	e of Business	Mailing Address					.8
19 W FLAGLER ST 19 W FLAGLER ST							
STE 1102 MIAMI FL 331	30	STE 1102 MIAMI EL 33130	STE 1102 Miami FL 33130			DO NOT WRIT	E IN THIS SPACE
US		US				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	lace of Business	2a. Mailing Address				04/05/1993 4. FEI Number	07/12/1996 Applied For
21	do <b>d o</b> i Dusii leas	h-n "	26			65-0401416	Not Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State					Fee Required
23 City & State	g	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Z(p) Country				,	8. This corporation owes or has p	eaid the current year Intangible
24 25 29 30 30 9. Name and Address of Current Registered Agent						Personal Property Tax due Jun  10. Name and Address of New R	
1 41	NHAM, MICHAEL F	ent negistered Agent		81	Name	IV. Halle alla Addiess of Rew A	agistorou Agenti
19 W FLAGLER ST				82	Street Ad	Idress (P.O. Box Number is Not Accepta	(ble)
STE 1102				L			
MIAMI FL 33130				83			
				84	City		B5 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the a	lbovi	e-named co	orporation submits this statement for the	purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change igations of, Section 607.050	was authorize 05, Florida Sta	ed by itutes	/ the corpor s.	ration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE							. At half a sign of the same o
12.	Signature, typod or printed name of registered a OFFICERS A	ND DIRECTORS	(NOTE: Hegisleti		int signature rec	quiren when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D	DELET	E 1.17	ITLE			Change Addition
NAME	LANHAM, MICHAEL F		1.21	IAME	i		
STREET ADDRESS	19 W. FLAGLER ST., #1102				ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	DELET			31 - ZIP		Change Addition
NAME		<u></u>	2.21				
STREET ADDRESS			2.3 \$	TREFT	ADDRESS	•	
CITY-ST-ZIP				•• ••	\$1 - Z(P		
TITLE		☐ DELLET					☐ Change ☐ Addition
NAME STREET ADDRESS				IAME TREET	ADDRESS		
CITY-ST-ZIP			B		ST-ZIP		
TITLE		DELET					Change Addition
NAME			4.2	NAME	İ		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET			51 - Z(P		Change Addition
NAME		الماع الماء	5.2 N				T Purple T LOUITION
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 (		17 - ZIP		
TITLE		DELET					Change Addition
NAME				IAME.			
STREET ADDRESS			6.3 \$	REET	ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1/29/87 (305) 358-75 4C

**FILED** 

Aug 01 1997 8:00am