## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000048537 (3)

MICHAE	EL & PHILIP, INC,				
Principal Plac	ce of Business	Mailing Address		I JOB 1480 110 JOINE LIFE BANK ODIN BONN DOWN	<b>3196</b> )
1440 NORTH FEDERAL HIGHWAY 1440 NORTH FEDERAL HIG FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 3330					
				, ,	Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0425983	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	Lo.	City & State			Fee Required
····	(6)	h-n		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> ] Zip	Country	28     Zip	Country		
24	25	├ <b>─</b> ┐	30	8. This corporation has liability for intang	gible tax under s. 199,032,
[27]	9. Name and Address of Currer		50	10. Name and Address of New Registe	
SM	ALLCORN, MICHAEL P		81 Name		
	IO N FEDERAL HIGHWAY		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
STE. 110			or Street Ad	adiass (F.O. DOX Nothbell is Not Acceptable)	
	LAUDERDALE FL 33304		83		
, ,			84 City	· · · · · · · · · · · · · · · · · · ·	(25 0 35 0 35
			84 City		FL 85 Zip Code
11. Pursuant office or agent. La	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flo	is, the above-named co uthorized by the corpor rida Statules.	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE					
	Signature, typed or printed name of registroid age		Registered Agent signature rec		
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	SMALLCORN, PHILIP J	ביין סכוניוג	1.1 TITLE		Citating Citation
NAME	1440 NORTH FEDERAL HIGH	NAV	1.2 NAME		
STREET ADDRESS	FORT LAUDERDALE FL 33304		1.3 STREET ADDRESS		<u> </u>
City-St-ZiP	D	DELETE	1.4 CiTY - ST - ZIP 2.1 TITLE		Change Addition
TITLE	SMALLCORN, MICHAEL P	ET DETEL	•		Li Citalige Li Rodillon
NAME	1440 NORTH FEDERAL HIGH	WAV	2.2 NAME		
STREET ADDRESS	FORT LAUDERDALE FL 33304		2.3 STREET ADORESS		
CITY - ST- ZIP	D	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	SMALLCORN, ROBERT F	had Deterin	3.2 NAME		Change ( La rounium
STREET ADDRESS	1440 NORTH FEDERAL HIGH	WAV	3.3 STREET ADDRESS		
CITA-21-315	FORT LAUDERDALE FL 33304		3.4. CITY - ST - ZIP		
TILE	TOTAL DISOLUTION ALE VE SOOT	DELETE	4.1 TITLE		Change Addition
NAME	1		4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-7IP	{		4.4 CITY-ST-ZIP		ţ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	Ì	•	5.2 NAME		
STREET ACIDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP	<b>\</b>		5.4 CITY-ST-ZIP		1
TIFLE		DELETE	6.1 TITLE		Change Addition
NAME:	1		6.2 NAME		ł
CIDELY ADDOCCO			6.3 STREET ADDRESS		į

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

6.4 CITY-ST-ZIP

**FILED** 

Apr 15 1997 8:00am

Secretary of State