

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064415 (1)

1. Corporation Name

MIKAN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2701 NE 10TH ST.
#403
OCALA FL 34470

2701 NE 10TH ST.
#403
OCALA FL 34470

3. Date Incorporated or Qualified
09/13/1993

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 MIKAN ENT

26 MIKAN ENT

22 8686-G S.W. 97th LN. RD.
OCALA, FLORIDA 34481

27 8686-G S.W. 97th LN. RD.
OCALA, FLORIDA 34481

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3201515

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKAN, HARRY L
2701 NE 10TH ST.
#403
OCALA FL 34470

MIKAN
8686-G S.W. 97th LN. RD.
OCALA, FLORIDA 34481

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	MIKAN	<input type="checkbox"/> DELETE
NAME	MIKAN, HARRY L	MIKAN	
STREET ADDRESS	2701 NE 10TH ST., #403	8686-G S.W. 97th LN. RD.	
CITY-ST-ZIP	OCALA FL 34470	OCALA, FLORIDA 34481	
TITLE	D	MIKAN	<input type="checkbox"/> DELETE
NAME	HAYNES-MIKAN, PAMELA A	MIKAN	
STREET ADDRESS	2701 NE 10TH ST., #403	8686-G S.W. 97th LN. RD.	
CITY-ST-ZIP	OCALA FL 34470	OCALA, FLORIDA 34481	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	
1.2 NAME	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

New Address

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)