SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

ATLANTA GA 30303

240 PEACHTREE ST #13-F-11

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

4655 BAYSHORE BLVD NE ST PETERSBURG FL 33703

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088638 (0)

MICHAEL DAEHN & ASSOCIATES, INC.

					3. Date Incorporated or Qualified		
					12/30/1 99 3		
2. Principal Place of Business		2a. Malling Address			4. FEI Number	Applied For	
21		26			59-3126167	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat		City & State					
23	e	28	¬ ·		6. Election Cempaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intengible		
24				Personal Property Tax due June 30. Yes 🕌 No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
NOLL, SUZANNE				81 Name			
	BYERLY CR		82 Street Addre		Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33634]				
				B3			
				84 City	FL	85 Zip Code	
44 Durayani	to the proviolence of sections 607 050	2 and 607 1509 Florida Statuta				naina ito registered	
11. Pursuant to the provisions of sections 607.0502 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 famillar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE Registered Agent alignature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS			13.			DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 TIT	.E		Change Addition	
NAME	DAEHN, MICHAEL		1.2 NA	1.2 NAME			
STREET ADDRESS	AARE BANGHARE DIED AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP		,	
TITLE	V	DELETE	2.1 TIT			Change Addition	
NAME	HALE, PAUL		2.2 NA	ME		J	
STREET ADDRESS	A COLUMN ALIEN ALIEN ALIEN			EET ADDRESS			
CITY-ST-ZIP ATLANTA GA			2.4 CITY-ST-ZIP				
TITLE	S	DELETE	3.1 TIT			Change Addition	
NAME	DAEHN, MARILYN		3.2 NAI	AE [<u>-</u>		
STREET ADDRESS 7022 N 55TH ST #H			3.3 STF	EET ADDRESS			
CITY-ST-ZIP MILWAUKEE WI			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 T(T)		Γ	Change Addition	
NAME		<u> </u>	4.2 NA!	AE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		DELETE	5.1 TITI			Change Addition	
NAME			5.2 NA	AE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
C/TY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		DELETE	6.1 TITE			Change Addition	
NAME		Land State (E	6.2 NAI	ME I	<u></u>		
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			

14. I 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 supplemontal 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, of on an attachment with an address.

2/0/00

FILED
Jul 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

034 (5/98)