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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021044 (0)

1. Corporation Name
MIKE & CHRIS INC.



Principal Place of Business GUS PERCHAM 440 E SAMPLE RD. SUITE 209 POMPANO BEACH FL 33064	Mailing Address GUS PERCHAM 440 E SAMPLE RD. SUITE 209 POMPANO BEACH FL 33064-4440
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3. Date Incorporated or Qualified 03/18/1994	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21. 555 Southeast 9th St. Suite, Apt. #, etc. 22. City & State Delray Beach, FL Zip 33483 Country USA	2a. Mailing Address 26. 555 Southeast 9th St. Suite, Apt. #, etc. 27. City & State Delray Beach, FL Zip 33483 Country USA
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4. FEI Number 65-0474358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PERCHAM, GUS
440 E SAMPLE RD
SUITE 209
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Pres
NAME	CHAROUDIS, DIMOS	1.2 NAME	Charoudis, Dimos
STREET ADDRESS	5358 NE 6TH AVE #6C	1.3 STREET ADDRESS	7882 Rock Port Circle
CITY-ST-ZIP	FT. LAUD FL 33334	1.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	D	2.1 TITLE	V.P.
NAME	CHAROUDIS, CHRISTOS	2.2 NAME	Charoudis, Christos
STREET ADDRESS	5358 NE 6TH AVE #6C	2.3 STREET ADDRESS	7882 Rock Port Circle
CITY-ST-ZIP	FT LAUD FL 33334	2.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97
Date

Daytime Phone #

0148303

CR2E034 (9/96)