

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 11:02

DOCUMENT # P94000021562 (1)

1. Corporation Name

MICHAEL R. PRESLEY, CHARTERED

Principal Place of Business

10699 STONEBRIDGE BLVD.
BOCA RATON FL 33498

Mailing Address

10699 STONEBRIDGE BLVD.
BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

4. FEI Number

65-0475770

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

PRESLEY, MICHAEL R
2500 N. MILITARY TRAIL, STE. 206
BOCA RATON FL

10. Name and Address of New Registered Agent

81 Name PRESLEY, MICHAEL R. (SAME)

82 Street Address (P.O. Box Number is Not Acceptable)
4601 Ponce de Leon Boulevard

83 SUITE 20

84 City CORAL GABLES FL 85 Zip Code 33146

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 agree to the change under, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

7-21-95

DATE

Signature listed on prior (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE D
NAME PRESLEY, MICHAEL R
STREET ADDRESS 10699 STONEBRIDGE BLVD.
CITY - ST - ZIP BOCA RATON FL 33498

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(g), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-95

DATE

(661-3099)

Telephone Number