Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90105 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000024803**

1. Corporation Name

MICHAEL'S ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place	of Rusiness	Mailing Address				$\dashv$	£ 100110001 110 \$0010 0101\$ E0141 00411 00111 0011	I JEWEL WEIWHO EMIEL	06100 (111 108)	
6061 S W 16 STREET 6061 S W 16 STREET										
PLANTATION FL 33317 PLANTATION FL 33317										
US US							DO NOT WRITE IN THIS SPACE			
						3	3. Date Incorporated or Qualifed 03/31/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4	4. FEI Number	Ap	pplied For	
26							65-0483131		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State							6. Election Campaign Financing	\$5:00	May Be	
23	·	28					Trust Fund Contribution	Added	to Fees	
Zip	Country Zip			Country			<ol><li>This corporation owes the current year Ir</li></ol>		<u> </u>	
24	25 29 30			,			Personal Property Tax.	☐ Yes	X)No	
	9. Name and Address of Curre	nt Registered Agent				10	<ol><li>Name and Address of New Registered</li></ol>	Agent		
uco	HAN PRIOF			81	Name					
HERMAN, BRUCE				82	Street A	ddress	ess (P.O. Box Number is Not Acceptable)			
1401 E. BROWARD BLVD.										
SUITE 206				83					. ]	
FI. L	AUDERDALE FL 33301			84	City			85 Zip	Code	
				]			<u> </u>	<u>-                                    </u>		
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statu e of Florida, Such change was a	tes, the a authorize	ibove d by	e-named co the corpor	orporati ration's	ion submits this statement for the purpose oboard of directors. I hereby accept the appo	r cnanging its pintment as re	gistered	
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Stat	utes			• • • • • • • • • • • • • • • • • • • •		i	
SIGNATURE										
	Signature, typed or printed name of registered ag	,	E: Registere	d Agen	it signature req	quired whe	an reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
12.	PV OFFICERS A	ND DIRECTORS  DELETE	1.1 T	ME			ADDITIONS/CHANGES TO CIT ICENO.	Change	Addition	
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NAME				ADORESS				1		
STREET ADDRESS								}		
C/TY-ST-ZIP	ST ST			ITY-S'	I-ZIP			· Change	Addition	
TITLE	- I			ļ			_ •	·		
NAME	FEIT, ONITINE		2.3 STREET ADDRESS					}		
STREET ADORESS	6061 S.W. 16TH STREET PLANTATION FL 33317			2, 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE			3.1 TITLE ***				Change:	- Addition		
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NAME			4, 21	VAME						
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NAME .			5.2 N	IAME	ļ				ĺ	
STREET ADDRESS			5.3 S	TREET	TADDRESS					
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TITLE		☐ DELETE	6.17	TTLE				☐ Change	☐ Addition	
   NAME			6.2 N	IAME:	1				J	
STREET ADDRESS	•		6.3 8	TREET	T ADDRESS				j	
CTV-ST-719			6.40	TY-S	T-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 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 officer or director of the corporation or the Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAMI