

FILE NOW: FILING FEE AFTER MAY 1 IS \$0.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Mo
Secretary of
DIVISION OF CORPORATIONS

DOCUMENT # P94000050692 (0)

1. Corporation Name
STEVE CARMICHAEL INC.



Principal Place of Business

7702 SW 7 PLACE
NORTH LAUDERDALE FL 33068

Mailing Address

7702 SW 7 PLACE
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

07/20/1995

4. FEI Number

65-0500475

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

10. Name and Address of New Registered Agent

1. Name

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

3. City

FL

85

Zip Code

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

24

9. Name and Address of Current Registered Agent

CARMICHAEL, STEVEN A
7702 SW 7 PLACE
NORTH LAUDERDALE FL 33068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 title if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
CARMICHAEL, STEVEN A
7702 SW 7 PLACE
NORTH LAUDERDALE FL 33068
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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

4-25-96

954-724-1196

Date

Daytime Phone #

CR2E034 (12/95)