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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000089569 (5)**

1. Corporation Name
ALEXANDER MICHAELS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
829 BANBURY DRIVE SUITE 100 PORT ORANGE FL 32119-3752	829 BANBURY DRIVE SUITE 100 PORT ORANGE FL 32119-3752

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21: 107 Shadow Creek Way
22 Suite, Apt. #, etc.: Suite 105
23 City & State: Ormond Beach, FL
24 Zip: 32174
25 Country: USA

2a. Mailing Address
26: 107 Shadow Creek Way
27 Suite, Apt. #, etc.: Suite 105
28 City & State: Ormond Beach, FL
29 Zip: 32174
30 Country: USA

4. FEI Number: 59-3281156 ☐ 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
LAWRENCE E.WISNIEWSKI
829 BANBURY DR.
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 107 SHADOW CREEK WAY
83: SUITE 105
84 City: ORMOND BEACH, FL 85 Zip Code: 32174

11. Pursuant to the provisions of Section 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lawrence E. Wisniewski 01/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WISNIEWSKI, LAWRENCE E	1.2 NAME	
STREET ADDRESS	829 BANBURY DRIVE, SUITE 100	1.3 STREET ADDRESS	107 SHADOW CREEK WAY SUITE 105
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Lawrence E. Wisniewski 01/18/97 (904) 672-2119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #