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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 1. Corporation Name P94000090350

MICHAEL GRACE ENTERPRISES, INCORPORATED

Principal Place	e of Business	Mailing Address							
4638 50TH AVE	: W	4638 50TH AVE W							
BRADENTON FL 34205		BRADENTON FL 34205			DO NOT WRITE IN THIS SPACE				
US		US			Date Incorporated or Qualife		OI AUL		 7
					· · · · · · · · · · · · · · · · · · ·	u			
					12/14/1994 4. FEI Number	 		Applied For	
2. Principal Pl	lace of Business	2a. Mailing Address			"		-	Not Applica	
21		26		65-0566888	-	607			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			5 Additional Required	"	
22		27							
City & State		City & State		6. Election Campaign Financing	. □		00 May Be led to Fees	- 1	
23	-	28 -		·	Trust Fund Contribution			ed to rees	<u>-</u>
Zip	Country	Zip	Coun	uy	8. This corporation owes the cu	irrent year in	tangible Yes	□No	
24	25		30		Personal Property Tax. 10. Name and Address of New	Desistered			\dashv
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New	Registered	Agent		-
ODA	OF MOUATI O		'	Name					
	ICE, MICHAEL G		1	32 Street	Address (P.O. Box Number is Not Accept	otable)			
	S 50TH AVE WEST								-
BRA	DENTON FL 34205			B3					
				84 City			85	Zip Code	
			1	,		FL	_ -		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove-named	corporation submits this statement for the	e purpose o	changin	g its registere	bs
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	eof Florida. Such change was au	monzea	ру ше согр	oration's board of directors. I hereby acc	ept the appo	ilitilient a	s registered	
-	in tantillar war, and accept the conge								
									- 1
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered A	gent signature	required when reinstating)	DATE			
12.		nt and title if applicable. (NOTE: ND DIRECTORS	Registered A	gent signature i	required when reinstating) ADDITIONS/CHANGES TO C				
							ND DIRE		
12.	OFFICERS AN	ND DIRECTORS	13.	E					
12. TITLE NAME	OFFICERS AN D GRACE, MICHAEL G	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	E					
12. TITLE NAME STREET ADDRESS	OFFICERS AN D GRACE, MICHAEL G 4638 50TH AVE WEST	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E IE EET ADDRESS					
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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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90048 032 ***150.00