

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000036404 (8)

1. Corporation Name

MIKE POWELL ENTERPRISES, INC.



Principal Place of Business

185 NE 5TH AVE., #5  
DELRAY BEACH FL 33483

Mailing Address

185 NE 5TH AVE., #5  
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

4. FEI Number

X 65-0583230

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

POWELL, MICHAEL  
185 NE 5TH AVE., #5  
DELRAY BEACH FL 33483

81

Name

82

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

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

*Michael B Powell*

Signature of the person filing this report, or the person authorized to file this report.

Print the Registered Agent's name and address, if different from the above.

4-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
POWELL, MICHAEL  
185 NE 5TH AVE., #5  
DELRAY BEACH FL 33483 ☐ 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

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP ☐ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP ☐ Change ☐ Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP ☐ Change ☐ Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP ☐ Change ☐ Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY - ST - ZIP ☐ Change ☐ Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP ☐ 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)(a), 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: *Michael B Powell* PRES. *Michael B Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

429 96 4072740128

FILE

DELTA PRINTER

CR2E034 (12/95)