

CORPORATION ANNUAL REPORT



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

APPROVED
AND
FILED

97 MAY 28 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049061

1. Corporation Name

MICHAEL ASHLEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6278 N. Federal Highway
#346
Fort Lauderdale, FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

6/22/95

5/28/96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0552435

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael Ashley
6278 N. Federal Highway, #346
Fort Lauderdale, FL 33308

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 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0805, Florida Statutes.

SIGNATURE *Michael Ashley*

MICHAEL ASHLEY

5/25/97

Signature, typed or printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when registering

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S/T/D
NAME Michael Ashley
STREET ADDRESS 6278 N. Federal Hwy., #346
CITY-ST-ZIP Fort Lauderdale, FL 33308

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

400002193234--4
-05/28/97--01059--005
*****173.75 *****173.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

A. Alan
5/28/97

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(d), 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 Ashley*

MICHAEL ASHLEY

5/25/97

(954)491-4653

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #