FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDED

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 AUG -1 PM 1:48
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	SAME

3. Date Incorporated or Qualified: 6/22/95
3a. Date of Last Report: 5/28/97

2. Principal Place of Business	2a. Mailing Address
21 2301 W. Sample Road	26 2301 W. Sample Road
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip / Country 24 33073 / 25 USA	Zip / Country 29 33073 / 30 USA

4. FEI Number: 65-0552435 ☐ 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	10. Name and Address of New Registered Agent
Michael Ashley 6278 N. Federal Highway, Suite 346 Fort Lauderdale, FL 33308	81 Name: Michael Ashley 82 Street Address (P.O. Box Number is Not Acceptable): 2301 W. Sample Road, Suite 5 83 84 City: Pompano Beach FL 85 Zip Code: 33073

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 607.0505, Florida Statutes.

SIGNATURE: Michael Ashley — Michael Ashley, Registered Agent — 7/26/97
(NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Secretary, Treas and Director Michael Ashley ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PSTD Michael Ashley 2301 W. Sample Road, Suite 5 Pompano Beach, FL 33073 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President and Director Fred Florio c/o Doctor's Associates, Suite 207 3000 N.E. 30th Place Fort Lauderdale, FL 33306 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Assistant Secretary and Direc Carolyn Bolton c/o Doctor's Associates, Suite 207 3000 N.E. 30th Place Fort Lauderdale, FL 33306 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	900002254859--9 --08/01/97--01045--021 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	8-1-97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael Ashley, Michael Ashley, President 7/26/97 954/975-9744