

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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000073740 (9)**

1. Corporation Name  
**MICHAEL ANDREW & ASSOCIATES, INC.**



Principal Place of Business <b>12730 EQUESTRIAN CIRCLE SUITE 2808 FT. MYERS FL 33907</b>	Mailing Address <b>12730 EQUESTRIAN CIRCLE SUITE 2808 FT. MYERS FL 33907-7580</b>
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2. Principal Place of Business 21 <b>8935 SW 1st AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>8935 SW 1st AVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/22/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
22 City & State 23 <b>Cape Coral FL</b> Zip Country 24 <b>33914</b> 25 <b>USA</b>		27 City & State 28 <b>Cape Coral FL</b> Zip Country 29 <b>33914</b> 30		4. FEI Number <b>65-0606661</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERNANDEZ MICHAEL A.  
12730 EQUESTRIAN CIRCLE, STE 2808  
FT MYERS FL 33907**

10. Name and Address of New Registered Agent  
81 Name  
**Michael A. Fernandez**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8935 SW 1st AVE**  
83  
84 City  
**Cape Coral** 85 Zip Code  
**FL 33914**

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  DATE **4-24-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, MICHAEL A.</b>	1.2 NAME	<b>Michael Fernandez</b>
STREET ADDRESS	<b>12730 EQUESTRIAN CIRCLE, STE 2808</b>	1.3 STREET ADDRESS	<b>8935 SW 1st AVE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>Cape Coral FL 33914</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, TANYA R</b>	2.2 NAME	<b>Tanya Fernandez</b>
STREET ADDRESS	<b>12730 EQUESTRIAN CIRCLE, STE 2808</b>	2.3 STREET ADDRESS	<b>8935 SW 1st AVE</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	2.4 CITY-ST-ZIP	<b>Cape Coral FL 33914</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  DATE **4-24-97** (941) 458-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0399235

CR2E034 (9/96)