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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082616 (0)

MICHAEL KUHNBERG, INC. Principal Place of Business Mailing Address 2801 N COURSE DR. #208 POMPANO BEACH FL 33069 POMPANO BEACH FL 33089-3059					
				3. Date Incorporated or Qualified 10/27/1995	3a, Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0616288	Not Applicab
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curre	29 Applement Agent	30	Florida Statutes L	Yes No
2801	Inberg, Michael 1 n Course dr, #208 Ipano Beach FL 33069		 81 Name 82 Street Add 83 84 City 	ress (P.O. Box Number is Not Accepta	FL 85 Zip Code
11, Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Station familiar with, and accept the obli- Stgrature typed or stated name of registered a		tes, the above-named corporal authorized by the corporal lorida Statutes. TE: Registered Agent signature regul	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFE	
TIM	D	DELETE	. 1.1 TITLE		Change Addition
NAME	KUHNBERG, MICHAEL		1.2 NAME		
STREET ADDRESS	2801 N COURSE DR, #208		1.3 STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH FL 33069		1,4 CITY-ST-ZIP		
1016		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
OTY-S1-7/P UILE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
Name			3.2 NAME		ma - mag 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS			3 3 STREET ADDRESS		
City St-ZiP		,	3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C-TY - S1 - 7/P			4.4 CITY - ST - ZIP		
TOLE		☐ DELETE	5.1 TITLE		Change Addition
NAMI			5.2 NAME		
STREET ADORESS			53 STREET ADDRESS		
CITY - S1 - 7/P			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			: 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - St - ZiP			6.4 CITY-ST-ZIP		

14. Ido 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 17,1997

FILED

Apr 24 1997 8:00am

Secretary of State

954-972-5378