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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082616 (0)

MICHAEL KUHNBERG, INC.

Principal Place of Business 2801 N COURSE DR. #208 POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

2801 N COURSE DR. #206 POMPANO BEACH FL 33069

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

65-0616288

10/27/1995 4. FEI Number

Suite, Apr	#, 8(C.	27 Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired			
City & State			City & State					6.	Election Campaign Financing		\$5.00	Mav Be	
23			28						Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip		Zlp	Zip Country				8. This corporation owes or has paid the current year Intangible						
24									Personal Property Tax due June			J No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
KUHNBERG, MICHAEL							rvame						
2801 N COURSE DR, #208							Street Addres	ss (P	O. Box Number is Not Acceptabl	э)			
POMPANO BEACH FL 33069													
												.	
							City			FI	85 Zip	Code	
44 Durament to the provinces of Sections CO7 0502 and CO7 1509 Florida Statutes, the of							named corpo	ration	n submits this statement for the pu		changing if	s registered	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Signature, typoid or printed name of registered agent and little if applicable. [WOTE: Hegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN											RS IN 12		
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CITY-ST-ZIP	ertify that the in	iformation supplied with	this filing does	not qualify for	6.4 CNY-S	si-Z otio	n stated in Se	ection	n 119.07(3)(i). Florida Statutes I fi	inther cert	ify that the	information	
14. I 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 his 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.													