SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P95000083840 (5)

M.I.C. CONSULTING, INC.

mno. Conocenia, mo.	
Principal Place of Business	Mailing Address
1361 OVERSEAS HIGHWAY. #E37 MARATHON FL 33060	1361 OVERSEAS HIGHWAY. #E37 MARATHON FL 33050



		-			<b>†</b>		
1361 OVERSE MARATHON F	EAS HIGHWAY. #E37 L 33050	1361 OVERSEAS HIGH MARATHON FL 33050	WAY. #E37				
					<ol> <li>Date incorporated or Qualified</li> <li>10/27/1995</li> </ol>	3a. Date of Las	st Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
	ICG OLDBRINGSS	26			65-0623057		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	<del> </del>			\$8.75 Additional	
22		27			5. Certificate of Status Desired	LJ Fee	Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	Ado	00 May Be led to Fees
Zip Country 24 25		Zip 29	<del></del>		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes ✓ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Rec	gistered Agent	
17	LEN, IAN J		8	1 Name			
19	25 BRICKELL AVE. NTE D207		8:		ress (P.O. Box Number is Not Acceptable)		
	AMI FL 33129		6	3			
****	THAT I E GO I EG		6	4 City		85	Zip Code
		100 COT 4500 FI	dee the ele-		poration submits this statement for the pu	FL "	n ite ranietorad
office or re	of the provisions of Sections 607.0 registered agent, or both, in the Stain familiar with, and accept the obline in the sections of the section of the sections of the section	ite of Florida. Such change was:	authorized b	v the corporat	tion's board of directors. I hereby accept	the appointment a	as registered
SIGNATURE .	Signature typed or printed name of registered	The state of the s					
			DIF Days etared 6	people specialistic region	ura Labes remutation)	DAIL	
				gent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	TORS IN 12
12.	OFFICERS /	AND DIRECTORS  DELETE	13.			_*	
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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)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

| SIGNATURE | SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9,1996 743-9697