FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P95000085784 (3) DOCUMENT # MIC-DOR ENTERPRISES, INC. Principal Place of Business Mailing Address 1301 FULLERS CROSS RD. 1301 FULLERS CROSS RD. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1995 2. Principal Place of Business 4. FELNumber 2a. Mailing Address Applied For 59-3354283 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes K No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUDIE, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 82 1301 FULLERS CROSS RD. WINTER GARDEN FL 34787 83 City 84 85 Zip Code 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. DATE (NOTE_flogistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIT; E DELETE 1. 1 TITLE Change Addition NAME Michael M. Rudie DVP 1.2 NAME CR2E034 1301 Fullers Cross Rd. STHEET ADDRESS 1.3 STREET ADDRESS Winter Garden FL 3487 DITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TILE 2 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIF 24 CITY-ST-ZiP THEF DELETE 3 1 TITLE Change: Addition NAME 3.2 NAME STHEET ADDRESS 3.3 STREET ADDRESS $C(TY + S^{\frac{1}{2}} + ZP)$ 3 4 CITY - S1 - ZIP THE DELETE 4.1 TITLE Chang-Addition **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CHY-ST-7IP DELETE TITLE 5 1 THEF Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TIFLE DELETE 6 1 TITLE Change ☐ Addition 6.2 NAME

14. 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 cath, 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

April 24-96 407-656-1669