

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  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000091766 (2)

1. Corporation Name

MIKE WILLIS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

4535 15TH AVE  
NAPLES FL 33999

4535 15TH AVE  
NAPLES FL 33999

2. Principal Place of Business

2a. Mailing Address

21 1370 19th Street SW

26 1370 19th Street SW

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 Naples FL

28 Naples FL

Zip

Zip

24 34117

29 34117

Country  
25 USA

Country  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIS, MICHAEL R  
4535 15TH AVE  
NAPLES FL 33999

81 Name

Willis, Michael R.

82 Street Address (P.O. Box Number is Not Acceptable)

1370 19th Street SW

83

84 City

Naples

FL

85 Zip Code

34117

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

Michael R. Willis

Michael R. Willis

8/5/96

Signature typed and printed name of registered agent and title, if applicable

DATE Registered Agent's signature required when registering

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTVS  
NAME WILLIS, MICHAEL R  
STREET ADDRESS 4535 15TH AVE  
CITY - ST - ZIP NAPLES FL 33999

TITLE  
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CITY - ST - ZIP

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CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 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.

SIGNATURE:

Michael R. Willis

Michael R. Willis, Pres.

8/5/96

911-455-6432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)