

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 # P95000093753 (8)

1. Corporation Name

MICHAEL JORDAN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1183 42ND AVE. N.E.
ST. PETERSBURG FL 33703

1183 42ND AVE. N.E.
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified
12/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1183 42ND AVE N.E.

26 2800 4TH ST. NORTH

4. FEI Number

Applied For

59 335 3604

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 110

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 ST. PETERS, FL

28 ST. PETERSBURG, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33703

25 PANAMA

29 33704

30 PANAMA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM, DIANE SHEA ESQ
2522 NINTH STREET NORTH
ST. PETERSBURG FL 33704

81 Name

WILLIAM DIANE SHEA ESQ

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

126 28TH AVE N.

83

ST. PETERSBURG,

84 City

FL

FL

85 Zip Code

33704

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
JORDAN, J. MICHAEL
STREET ADDRESS 1183 42ND AVE. N.E.
CITY - ST - ZIP ST. PETERSBURG FL 33703

TITLE ☐ DELETE
NAME D
BUDIN, PATRICIA J
STREET ADDRESS 626 WOOD STREET
CITY - ST - ZIP DUNEDIN FL 34698

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96

8138236409

CR2E034 (3/96)