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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000093753 (8)**

1. Corporation Name  
**MICHAEL JORDAN ENTERPRISES, INC.**



Principal Place of Business <b>1183 42ND AVENUE ME</b> <b>ST. PETERSBURG FL 33703</b> <b>US</b>	Mailing Address <b>2800 4TH ST NORTH</b> <b>110</b> <b>ST. PETERSBURG FL 33704-2102</b> <b>US</b>
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3. Date Incorporated or Qualified <b>12/06/1995</b>	3a. Date of Last Report <b>06/28/1996</b>
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2. Principal Place of Business 21 <b>2800 4TH ST. NORTH</b> Suite, Apt. #, etc. 22 <b>Suite 110</b> City & State 23 <b>ST. PETERSBURG, FL</b> Zip 24 <b>33704-2102</b> Country 25 <b>FLORIDA</b>	2a. Mailing Address 26 <b>2800 4TH ST. NORTH</b> Suite, Apt. #, etc. 27 <b>Suite 110</b> City & State 28 <b>ST. PETERSBURG, FL</b> Zip 29 <b>33704-2102</b> Country 30 <b>FLORIDA</b>
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4. FEI Number <b>59-3353804</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SHEA, WILLIAM DIANE</b> <b>126 28TH AVE N</b> <b>ST. PETERSBURG FL 33704</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JORDAN, J. MICHAEL</b>
STREET ADDRESS	<b>1183 42ND AVE, N.E.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUDIN, PATRICIA J</b>
STREET ADDRESS	<b>626 WOOD STREET</b>
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *J. Michael Jordan* **REQUIRED** 3-21-97 813 823 6409  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)