## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096470 (6)

## **FILED** Mar 16 1998 8:00am Secretary of State

ALAN E	E. MCMICHAEL, P.A.							
Principal Plac	e of Business	Mailing Address			<del></del>	}	O (O(O) Q(O) O(Q(O)	iddii diiti
102 N.W. 2ND AVENUE 102 N.W. 2ND AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601								
						DO NOT WRITE IN THE	IIS SPACE	
						3. Date Incorporated or Qualified		ı
6 Oringia al D	loss of Durings	An Mallin Address				12/21/1995		<del> </del>
<b>─</b> `	lace of Business	2a. Mailing Address				4. FEI Number	<del></del>	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.				59-3365803		Not Applicable Additional
22	п, ос.	27				5. Certificate of Status Desired	<b>+</b> - · · ·	Required
City & State	e	City & State				6. Election Campaign Financing		0 May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.		No No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Register	ed Agent	
MC	MICHAEL, ALAN E			81 N	ame			
102 N.W. 2ND AVENUE				82 St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
GA	INËSVILLE FL 32601			<u></u>				
				B3				
				<b>84</b> C	ity		. 85 Zij	o Code
	- <del></del>						<b>*L</b>	
11. Pursuant	to the provisions of Sections 607,050 egistered agent, or both, in the State	)2 and 607.1508, Florida Statut e of Florida, Such change was a	es, the a' authorize	bove-na d by the	med corpo corporation	oration submits this statement for the purposon's board of directors. I hereby accept the	e of changing appointment a	its registered
agent. 1 a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Sta	tutes.		······································		
SIGNATURE	<b></b>							
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	d Agent sig	nature required	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS		785 IN 12
TITLE	0	DELETE	1.1 TI	TLF		ADDITIONS OF INVALS TO OTTICE HS	Change	
NAME	MCMICHAEL, ALAN E		1.2 N		- 1			
STREET ADDRESS	5251 NW 55 LANE			TREET ADD	arce			1
CITY-ST-ZIP	GAINESVILLE FL			TY-ST-ZiF	- 1			ľ
TITLE		DELETE	2.1 11		~-		Change	☐ Addition
NAME I			2.2 N/	AME	- }	·		
STREET ADDRESS			2.3 S1	reet addi	RESS			
CITY-ST-ZIP				ITY - ST - ZII	- 1			}
TITLE		DELETE	3.1 11				☐ Change	Addition
NAME			32 N/	AME				J
STREET ADDRESS			3.3 ST	REET ADDI	RESS			
CITY-ST-ZIP			3.4. C	ITY-ST-ZII	,			
TITLE		DELETE	4.1 TO	TLE			Change	☐ Addition
NAME			4.2 N	AME	1			
STREET ADDRESS			4.3 ST	reet addf	RESS			
CITY - ST - ZIP			4.4 Ci	TY-ST-ZIP	<u> </u>			]
TITLE		DELETE	5.1 TI	TLE			Change	Addition
NAME			5.2 NA	AME	1			
STREET ADDRESS			5.3 \$1	REET ADDE	ess			}
CITY-ST-ZIP			5.4 CI	TY - ST - ZIP				
TITLE		DELETE	6.1 10	TLE			Change	Addition
NAME			62 NA	AME				
STREET ADDRESS			6.3 ST	REET ADDR	iess			j
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP				

14. Thereby 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 supplied made under oath; that I am an officer or director of the corporated 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 in an attachment with an address.

SIGNATURE.

Mand 12, 1962 376-8888