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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS CITY-ST-ZIP P9600005029 (9)

MICHELE & CO., INC.

Principal Place of Business Mailing Address 4995 NW 104TH WAY 4995 NW 104TH WAY CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 65-0646497 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State Crty & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WEINSTEIN, RICHARD S 1 BISCAYNE TOWER 82 Street Address (P.O. Box Number is Not Acceptable) **STE 3100** 83 OORAL SPRINGS FL 33026 84 ions of Sections 607-9402 and 607-1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered torids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered s of the corporation of office or register agent. I am fami (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE 1.1 TITLE PARSIDENT LOCKE, MICHELE NAME 1.2 NAME 117 COLLEGE PLACE STREET ADDRESS 1.3 STREET ADDRESS 3076 FAIRFIELD CT 06430 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filling 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 on an attachment with an address.

SIGNATURE:

(1) 9 4 3 40 5 1 1 7

62 NAME

63 STREET ADDRESS