Applied For Not Applicable

\$8.75 Additional

Fee Required

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Suite, Apt. #, etc.

27

DOCUMENT # P9600005029

1. Corporation Name

Suite, Apt. #, etc.

22

MICHELE & CO., INC.

Principal Place of Business	Mailing Address		
4995 NW 104TH WAY CORAL SPRINGS FL 33076	4995 NW 104TH WAY CORAL SPRINGS FL 33076		
Principal Place of Business	2a. Mailing Address		
21	26		

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90123 002 ***150.00

|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

01/12/1996 4. FEI Number

65-0646497

City & State	ə	City & State		•	6. Election Campaign Fin.	ancing 🗂	- \$5.00 N			
23		28			Trust Fund Contribution	1	Added to	Fees		
Zip	Country	Zip Country		у	8. This corporation owes			_		
24	25	29 30			Personal Property Tax.]No		
	9. Name and Address of Currer	t Registered Agent		-1 z -	10. Name and Address o	New Registered A	<u>igent</u>			
L 0.000 (0.000)	IOTENI DIGILIADO A		8	1 Name /	CHARD S. WEI	NSTEIN				
	ISTEIN, RICHARD S		8:	2 Street Add	ress (P.O. Box Number is Not					
1 BISCAYNE TOWER			177 BRICKELL AVENUE							
STE 3100		8:	3 300	TE 1200.			ļ			
MIAN	II FL 33131		8-	4 City	<u></u>		85 Zip C	ode		
			[-	10	1/Am1	FL	1. 331			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-named con	poration submits this statement	for the purpose of o	hanging its r	egistered		
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 agree the obligations of Section 607,0505, Florida Statutes.										
	Klist I dala	not RICHARD		Cabellet	510/	4/2/9	9			
Signatura typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AND				
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition		
NAME	LOCKE, MICHELE		1.2 NAME							
STREET ADDRESS			1.3 STREET ADDRESS					,		
CITY-ST-ZIP	FAIRFIELD CT 06430		1.4 CITY+	ST-ZIP						
TITLE	P □ DELETE		2.1 TITLE				Change	Addition		
NAME	WEINSTEIN, ALICE		2.2 NAME							
STREET ADDRESS	4995 NW 104 WAY		2.3 STRE	ET ADORESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2. 4 CITY	-ST-ZIP						
TITLE		° ~ DELETE	3.1 TITLE		*	- ,	Change	Addition		
NAME	•		3.2 NAME							
STREET ADDRESS		1	3.3 STRE	ET ADORESS				Ì		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME			4. 2 NAM	■				Ì		
STREET ADDRESS			4.3 STRE	ET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			,			
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition		
NAME (5.2 NAME							
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition		
NAME			6.2 NAME	:				}		
STREET ADDRESS	3 8 3 5 C	1	6.3 STRE	ET ADDRESS				}		
CITY-ST-ZIP	, ,		6.4 CITY-	ST-ZIP						

14. I 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 on an attachment with an address, with all other like empowered.