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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 01 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Addition

-05/05/97--01024--056

***165.00

DOCUMENT # P96000015513 (0)

MICHAEL RUSSELL ENTERPRISES, INC.

RSVF	of tame	PA BAY, IN	11:	,,				
Principal Place of Business		Mailing Address			The Liberty Control of the Control o	Literacian Company		
1156 NE CLEVELAND CLEARWATER FL 34815		1156 NE CLEVELAND CLEARWATER FL 34615-4814						
					3. Date Incorporated or Qualified 02/16/1996	3a. Date of Last Report		
2. Principal Plac	ce of Business	2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For		
21		26			<u> </u>	Not Applica		
Sulte, Apt. #, etc.		Suite, Apt. #	, etc.		5. Certificate of Status Desired	\$8.75 Additiona		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Ζφ 29	30	ountry	8. This corporation has liability for i	intangible tax under s. 199.032 ☑ Yes ※ No		
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HENDRICKS, KATHI 2047 GRAND BLVD. HOLIDAY EL 34890				81 Name MICHAEL R. RUSSEW 82 Street Address (P.O. Box Number is Not Acceptable) 1) 5 6 NE CAEVELAND ST.				

CITY CLEARWATER Zip Codo 34615 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. R. Rosell - President POVP of TAMPA RAY, Johns.

Signature, typod or printed adject and tit of applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D] DELETE	1 1 TITLE	P	Change Change	Addition			
NAME	RUSSELL, MICHAEL		1.2 NAME	MICHAEL R. RUSSELL					
STREET ADDRESS	2690 DREW ST. APT. #516		1.3 STREET ADDRESS	1765 SVE DR.					
CITY-\$1-ZIP	CLEARWATER FL 34619		1.4 CITY- \$1 - 7IP	CLEARWATER FL 34	619-50				
TITLE		DELLTE	2 1 1171.6		☐ Change	Addition			
NAME			2,2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2 4 CITY-ST-ZIP						
TITLE		DELETE	3 1 TITLE		Change	Addition			
NAME			3,2 NAME						
STREET ADDRESS			3 3 STREET ADDRESS						
CITY-ST-ZIP			3 4 CITY-ST-7IP						
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS	•		4.3 STREET ADDRESS		4				

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREE1 ADDRESS

5 4 CITY - ST - ZIP

5.17018

5.2 NAME

6 1 THLE

6.2 NAME

DELETE

DELFTE

CITY-ST-ZIP 6.4 CITY - S1 - 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 on an attachment with an address.