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

**PROFIT** CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

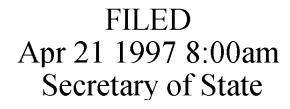
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034423 (9)

MICHAEL L. AMARU, INC.

Principal Place of Busines	S		
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Mailing Address





(813)

3042 LAKE SA LAND O'LAKES		3042 LAKE SAXON DR LAND O'LAKES FL 34639	4515					
					3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last F	Seport	
	Place of Business	2a. Mailing Address			4. FEI Number	I A <sub>I</sub>	oplied For	
H		26		59-3383298	<del> </del>	ot Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27	····		b. Cermicate of Statos Desired	Fee Required		
City & Stat	θ	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	··p ··· ··		Trust Fund Contribution	☐ Added	to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in		. 199,032,	
24	9. Name and Address of Current	29	30			Yes No		
4111		r negisierea Agent	81	Name	10. Name and Address of New Reg	listered Agent		
AMA	ARU, MICHAEL L		61	Name				
	2 LAKE SAXON DR		82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
LAN	ID O'LAKES FL 34639							
			83					
			84	City		85 Zip	Code	
				· · · · · · · · · · · · · · · · · · ·		- ML     '		
Office of r	<b>'edistered agent, or both, in the State</b> i	of Honda. Such change was	authorized by t	named corpo he corporatio	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing if	s registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, FI	orida Statutes.	no sorporan	on a board of an eators. Thereby beech	the appointment as	registered	
SIGNATURE								
40	Signature, typed or printed name of registered ager OFFICERS AND		E: Registered Agent	signature require		DATE		
12.	DPS OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE			
			1.1 TITLE			☐ Change	Addition	
NAME	AMARU, MICHAEL L		1.2 NAME					
STREET ADDRESS	3042 LAKE SAXON DR		1.3 STREET AL	DORESS				
CITY-ST-ZIP	LAND O'LAKES FL 34639	Druge	1.4 CITY - ST-	ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET AT	1				
CITY-ST-ZIP	***************************************	T butte	2. 4 CITY - ST -	ZIP		·····		
TITLE		C) DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME				İ	
STREET ADDRESS			3.3 STREET A	DDRESS				
CITY-ST-ZIP		T Street	3.4. CHY-S1-	ZIP				
TITLE		L] DELETE	4.1 TITLE			∐ Change	Addition	
NAME OTREET ADDRESS			4. 2 NAME					
STREET ADDRESS			4.3 STREET AC					
CITY-ST-ZIP		T KELEYE	4.4 CITY-ST-	ZIP				
TITLE		LI DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET AC	DRESS				
CITY-ST-ZIP		TTAKKER	5.4 CITY - ST	ZIP				
TITLE		L DELETE	6.1 NTLE			L_J Change	Addition	
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREET AD	DDRESS				
CITY-SY-ZIP	and the state of t	20. 41.5. 60.	6.4 C/1Y - \$1 -					
l am an of	n i <b>ndicat</b> ed on this annual report of sc	ipplemental annual report is t the receiver or trustee empow	rue and accura /ere <u>d</u> to execut	de and that r	In Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida St	offect self made uni	dor oath: that	