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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000045362 (6)**

1. Corporation Name
MICHELLE ALLIN, INC.

Principal Place of Business	Mailing Address
~~2040 NORTHWEST 83 AVENUE~~ ~~SUNRISE FL 33322~~ 10944 NW 40 St. Sunrise, Fl 33351	~~2040 NORTHWEST 83 AVENUE~~ ~~SUNRISE FL 33322-3046~~ 10944 NW 40 St Sunrise, Fl. 33351

3. Date Incorporated or Qualified: 05/21/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10944 NW 40 St	26 10944 NW 40 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sunrise Fl	28 City & State: Sunrise Fl
24 Zip: 33351 25 Country: U.S.	29 Zip: 33351 30 Country: U.S

4. FEI Number: 65-0669501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLIN, MICHELLE
~~**2040 NORTHWEST 83 AVENUE**~~
~~**SUNRISE FL 33322**~~

10. Name and Address of New Registered Agent

81 Name: Allin, Michelle
82 Street Address (P.O. Box Number is Not Acceptable): 10944 NW 40 St
83
84 City: Sunrise Fl. FL 85 Zip Code: 33351

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ALLIN, MICHELLE	1.2 NAME	
STREET ADDRESS	2040 NORTHWEST 83 AVENUE	1.3 STREET ADDRESS	10944 NW 40 St
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	Sunrise, Fl. 33351
TITLE	☐ DELETE	2.1 TITLE	☐ 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-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: _____ 4/20/97 954-749-5740