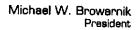
	DI FASE READ	ALL INCT	PLICTIONS	BEEODE (OMDI ET	ING THIS FORM	
PLEASE READ ALL INSTRUCTIONS BEFORE FLORIDA DEPARTMENT OF STATE Secretary of State					PILED		
DIVISION OF CORPORATIONS				RATIONS	98 JUL -2 AM 12: 08		
DOCUMENT # P9600006 1. Corporation Name						SECTION OF STATE TALLA SECTION TO SIDA	
1. Corporation Name MICOR CAPITAL ADVISORS CORP.						White Alegan Control	
Principal Place of Business 1001 W. Cypest Crek 3000 N 35TH ST Suite 320 HOLLYWOOD FL 33021 US FT. Cavaladole, FL 33301						ta ye. San a s San a san a sa	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
2. New Pr	rincipal Office Address, If Applicable		ng Office Address, If	Applicable	Date Incorporated or Qualified To Do Business in Florida		
City & Stat	<u> </u>	Suite, Apt. #, etc. City & State			5. FEI Number 65-06 8622 Applied For Not Applicable		
Zip	Country	Zip	Counti	у	6. CERTIFICATI	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida non)				ations must list at lea			
Title(s)	Name of Officers and/or Directors	Name of Officers St and/or Directors 3 (Do NOT			l Numbers)	City / State / Zip	
P	BROWARNIK, MICHAEL W. 3080 N 35TH ST			T		HOLLYWOOD FL	
्रि					50	*****315.00 *****315.00	
						54 98	
						Mil	
8. Name and Address of Current Registered Agent Name					9. Name and	Address of New Registered Agent	
Michael W. BROWARNIK 3080 N. 35 Street				Street Address (P.O. Box Number Is Not Acceptable)			
Hollywood, FL				Suite, Apt. #, Etc.			
33021 City				City	State Zip Code		
10. I, being Signature of Registered	Agent	-1	r tion, am familiar w ENT MUST SIGN	th and accept the ob	oligations of Secti	on 607.0505, F.S. Date 7///98	
	nis corporation owes or ha anglble Personal Proper			ar Yes 🗹	No 🗆	(See other side for information on intangible tax.)	
this rein owed by	istatement application, the reason for disso	olution has been names of Individe	eliminated, the corpo rals listed on this for	orate name satisfies i m do not qualify for a	the requirements an exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(i), F.S. The information indicated	
SIGNATURE: 7/198 954671-225)							





July 1, 1998

Mr. Shawn Logan Division of Corporations Annual Report / Reinstatement Section 409 East Gaines Street Tallahassee, Florida 32399

RE: MICOR CAPITAL ADVISORS CORP. / ANNUAL REPORT

Dear Shawn:

Pursuant to our telephone conversation today, enclosed herewith please find Annual Report for the above-referenced corporation, together with our check in the amount of \$315.00, fees for 1997, 1998. As I had indicated, we never received the notice for annual report filing, as an apparent result of an erroneous address. The correct mailing address is as noted in the enclosed report, as well as the current address of our business.

We would appreciate immediate reinstatement of the entity and a correction to your records noting the accurate address. We have also included the Federal Employer ID Number for the corporation.

Thank you for your cooperation.

Sincerely,

Michael W. Browarnik

President

MWB/cr