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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000068721 (5)

Principal Place	THE MICHOTHONICS CONTINUES OF BUSINESS SIDE BLVD.	Mailing Address 8787 SOUTHSIDE BLVD.							
2410 2410 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256						DO NOT WRITE IN THIS SPACE			
and designation of array and array array are array arr						3. Date Incorporated or Qualified	1111001		
						08/14/1996			
	Place of Business	2a. Mailing Address				4. FEI Number		Α	Applied For
	· River Hall Drive	26 3602 RIVER	Hall	Dri	(C)	59-3396689			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	8	City & State				6. Election Campaign Financing			May Be
23 Jack	conville FL	28 Jacksonville	۲ رو	<u>1_</u>		1			to Fees
Zip	Country	7ip	Country			8. This corporation owes or has paid			
24 322	9. Name and Address of Current	29 32-217 3		<u> 5A</u>		Personal Property Tax due June 3 10. Name and Address of New Regi			∐ No
	REGORY, WILLIAM W.	Trogretorou Agent	81	Name		10. reame Bito Address of from Hegi	ISTOTO A	your	
8787 SOUTHSIDE BLVD.				0	A ((1)	(0.0.0.7)			
2410				Street	Addres	ss (P.O. Box Number is Not Acceptable	3)		
JA	CK80NVILLE FL 32256		83	-					
			84	City			FL	85 Zip	Code
11. Pursuant office or ragent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation Signature, typing or printed name of registerist agent					ration submits this statement for the puin's board of directors. I hereby accept	the appoi	hanging intment as	its registered s registered
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	m signature	* Lectureo	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	D DELETE		1.1 TITLE		Γ.			Change	
NAME	GREGORY, WILLIAM W		1.2 NAME		ļ	1 >			
STREET ADDRESS 8787 SOUTHSIDE BLVD. #2410			1.3 STREET ADDRESS 36		36	02 River Hall Drive CKGONVIILO FL 322	, ,,,,,		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 DITY - 9	T-ZIP	<u> Ja</u>	CKEONVIIIO 11 322	<u>-1 / </u>		
TITLE	DELETE		21 TITLE		ł		L	Change	Addition
NAME CTOOPS ADDRESS			2.2 NAME	(DDDree					
STREET ADDRESS CITY-ST-ZIP			2.3 STREET			'			
TITLE		DELETE	3.1 TITLE	31-611	 		[Change	Addition
NAME			3.2 NAME		İ				
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP	T per ext		3 4, CITY - ST - ZIP		ļ				
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NAME			4. 2 NAME	4000000	1				
STREET ADDRESS City-St-Zip			4.3 STREET 4.4 CITY - 9		1				
TITLE		DELETE	5.1 TITLE	11-211	┼─-			Change	Addition
NAME		_	5.2 NAME					=	
STREET ADDRESS			5 3 STREET	ADDRESS					
CITY-\$T-ZIP			5.4 CITY-S	T-ZIP	<u> </u>				
TITLE		DELETE	6.1 TITLE				Ĺ	Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET						

14. Thereby 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 of 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 confloration 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 change for on an attachment with an address.

Apr 29 1998

FILED

May 13 1998 8:00am

Secretary of State