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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099262 (3)

MICK - 7 ENTERPRISES INC.

Mailing Address Principal Place of Business 203 LEAFWOOD ROAD 203 LEAFWOOD ROAD TARPON SPRINGS FL 34889-3809 TARPON SPRINGS FL 34689 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1996 2a, Maiting Address Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Ζıp Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes ☑ No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, AL 12600 SO BELCHER ROAD STE 104E 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33773** 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1.1 TITLE Executive Director & President TITLE Mickey Martle Fextin 202 Laftware Rd. TARPON Springs, Fi 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE Searctary Manay alarea 2003 lecturos al 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 20 ___ Addition DELETE 3.1 TITLE Change | TILLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

SIGNATURE

appears in Block 12 or B

CHTY-ST-ZIP

6.4 CITY-ST-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 displayed to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 18 1997 8:00am

Secretary of State