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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101487 (2)

**FILED** Apr 14 1998 8:00am Secretary of State

MICUFE	NU, INC.								
Principal Place	e of Business	Mailing Add	ress					ALDIN BARRA ARII	
		ū	802 BROOKFIELD LOOP						
602 Brookfield Loop   602 Brookfie   Lake Mary Fl 32746   Lake Mary Fl									
						DO NOT WRIT		PACE	
						3. Date Incorporated or Qualified			
Dringing! Di	ace of Business	2a. Mailing A	ddraes			12/17/1996 4. FEI Number			plied For
21 21	BCG OLDUSITIESS	26 Yearing F	adiless			59-3424332			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 A	
22		27	27			5. Certificate of Status Desired		Fee Re	
City & State	3	City 8 St	ate			6. Election Campaign Financing		\$5.00	May Be
23		28			···	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zφ	L	_ Country		8. This corporation owes or has p			
24	[25]	29]	3	o]		Personal Property Tax due Jun			] No
	9. Name and Address of Curr	ent Hegistered Age	ent	81	Name	10. Name and Address of New R	rediareted W	gent	
	NDRY, TIMOTHY H			ا"ا	Name				
602 BROOKFIELD LOOP			82	Street Addre	ess (P.O. Box Number is Not Accepte	able)			
LAN	(E MARY FL 32748			83					
1									
				84	City		FL	85 Zip C	Code
11. Pursuani	to the provisions of Sections 607.0	502 and 607, 1508. F	lorida Statutes	the above	e-named corp	oration submits this statement for the		hanging its	s registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such of	change was au	thorized by	the corporation	oration submits this statement for the on's board of directors. I hereby acc	ept the appo	intment as	registered
l .	m amiliai with, and accept the ob-	nganons or, section	007.0303, F1011	ua Siaidies	٠.				
SIGNATURE	Signature, typed or printed name of registered	agent and bild if applicable	(NOTE: F	Registered Age	nt signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	P	L	] DELETE	1.1 TITLE	1			Change	
HAME	PENDRY, TIMOTHY			1.2 NAME					
STREET ADDRESS	602 BROOKFIELD LOOP			1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE MARY FL 32748		T DELETE	1.4 CITY-S	T-ZIP			- Chanca	Addition
TITLE	Ab.	L.	] DELETE	2.1 TITLE			1	Change	Addition
NAME	PENDRY, JULIE			2.2 NAME					
STREET ADDRESS	602 BROOKFIELD LOOP LAKE MARY FL 32748			2.3 STREET					
CITY-ST-ZIP TITLE	LANE MART PL 32/46		DELETE	2. 4 CITY - S 3.1 TITLE	ST-ZIP			Change	Addition
NAME		L	_ OLLLIE	3.1 MAME			1		
STREET ADDRESS				3.3 STREET	Annrese				
CITY-ST-ZIP				3.4. CITY - S	1				
TITLE	· <del></del>		DELETE	4.1 TITLE	r, 411	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME		_		4. 2 NAME			·	•	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S					
TITLE	***************************************	·	DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME	-				
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CfTY-\$	T - ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S					
منتظمت مطالكات		Parallel Market Street and American	بريدة ميكانا مريسم فيرس	* La	ا سا اسمهمهم سماه	Section 110 07/31/it Florida Statutas	I further cor	site that tha	information

receive certify that the information supplied with this filing does not quality 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.

Pendry