

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

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT #**  
 1. Corporation Name  
 [REDACTED]  
**MICHAEL P. O'BRIEN INC.** P97000045488

Principal Place of Business Mailing Address  
**715 Napoli Ln**  
**NEW SMYRNA BCH FL**  
**32168**

DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> 715 Napoli Ln	<b>26</b> Suite, Apt. #, etc.
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State New Smyrna FL	<b>28</b> City & State
<b>24</b> Zip Country	<b>29</b> Zip Country
<b>25</b> Zip	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**5-16-97**

**4.** FEI Number  
**59-3446304** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**  
**J.L. STOUVER & CO. ACCOUNTANTS**  
**4310 MCCORMEY RD.**  
**DELAND FL 32724**

**10. Name and Address of New Registered Agent**

**81** Name **SAME**

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>SAME</b>	<b>NAME</b> <b>USIS PRESIDENT</b> <input type="checkbox"/> DELETE
<b>STREET ADDRESS</b>	<b>JERRY GUNION</b>
<b>CITY-ST-ZIP</b>	<b>134 MILTOW RD.</b> <b>32174</b>
<b>TITLE</b>	<b>NAME</b> <b>RANDY MILBURN</b> <input type="checkbox"/> DELETE
<b>STREET ADDRESS</b>	<b>715 NAPOLI LN</b>
<b>CITY-ST-ZIP</b>	<b>NSB FL 32168</b>
<b>TITLE</b>	<b>NAME</b> <b>MARVIN SHUTTS</b> <input checked="" type="checkbox"/> DELETE <b>VP.</b>
<b>STREET ADDRESS</b>	<b>1025 EAGLE LAKE DR.</b>
<b>CITY-ST-ZIP</b>	<b>APT 101 P.T. FL 32119</b>
<b>TITLE</b>	<b>NAME</b> <b>MICHAEL O'BRIEN</b> <input type="checkbox"/> DELETE
<b>STREET ADDRESS</b>	<b>715 NAPOLI LN</b>
<b>CITY-ST-ZIP</b>	<b>N.S.B. FL 32168</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b> <b>ADD</b>	<b>NAME</b> <b>RANDY MILBURN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>715 NAPOLI LN</b>
<b>1.3 STREET ADDRESS</b>	<b>NSB FL 32168</b>
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**200002578982**  
**-07/02/98--01041--030**  
**\*\*\*150.00**

**14.** I 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 *[Signature]* **5-18-98 646-8514** **PAGE 02**

CFR2E034 (10/97)

DIVISION OF CORPORATIONS  
PO. Box 6327 TALLAHASSEE  
FL 32314

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TO WHOM IT MAY CONCERN

I'm writing this letter because the woman I spoke to on the phone in your office said I had to give a reason for <sup>why</sup> my payment wasn't there by May 1. I didn't realize that I was suppose to ~~send~~ money in till I was in a conversation with my accountant (Bookkeeper). He said I was suppose to have reviewed a letter (bill) but I never received it. I then called your office and the woman said just ~~send~~ payment if with this letter. I'm sorry this wasn't there on time but it was my first year as a corp. it ~~will~~ not happen again. I just didn't realize it.

THANKS

MICHAEL OBRINE INC