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	PROFIT FLORIDA DEPARTMENT CORPORATION Sandra B. Morti									( )	
	ANNUAL REPORT Secretary of St				٠		ar≔nin fi fi				
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DOCUMENT #P9700067084						99 FEB - 1 AM 11: 34					
						SECRETORIO LA STATE TALLAMASSEE, FLORIDA					
Michele Kinzel/Design/Artist, Inc. Principal Place of Business Mailing Address							TALL AHASSE	L, FL	OKIDA		
3060 Belle Vista Dr.							3. Date Incorporated or Qualified 3a. Date of Last Report				
St. Pete Beach, FL 33706  2. Principal Place of Business   2a, Mailing Address						08/01/ 4. FEI Nur	·				
<u> </u>				N.		_ ·	-3461720		, ,	olied For	
Suite, Apt. #.	86 11901 4th St. N. Suite, Apt. *, etc.							\$8.75	Applicable Additional		
22 #224	27 #224				5. Certifica	ate of Status Desired		Fee Re	quired		
City & State		City & State			6. Election	Campaign Financing		\$5.00	May Be		
Zip Zip	ersburg Country	28 St. Peters		untry			und Contribution		Added		
24 33716	25 USA	29 33716			B. This corporation has liability for intangible tax under s 1990 Florida Statutes X Yes No				199 032,		
24   33716   25   USA   29   33716   30   USA							and Address of New Regi				
					Name		<u> </u>				
					Michele	e Kinzel					
						reas (P.O. Box Number is Not Acceptable)					
l					11901 4	4th St. N., #224					
Michele Kinzel 3860 Belle Vista Dr.											
St. Pete Beach, FL 33706					City				85 Zip C	ode	
	•			1	St. Pet	ersbur	g	FL	. 337	16	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation aubmits 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.  SKI NATURE										gistered red	
	gnature, typed or printed name	of registered agent and tit	le if app	olicable	e. (NOTE	Registered	Agent signature required when	reinstatin	ig) DATE		
12.		ND DIRECTORS			13.	ADDITIO	ONS/CHANGES TO OFFICER		· · ·	IN 12	
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STREET ADDRESS CITY - ST - ZIP 14. I do hereby cer					6.3 STREET 6.4 CITY - S						
					exemption at	ated in Secti	on 119.07(3Ki), Florida Statutes				
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 additions.  SIGNATURE: 12/31/98											
SIGIVAT		TYPED OR PRINTED NAM	E OF S	IGNIN	G OFFICER C	OR DIRECTO	$\alpha / \beta / \gamma / \gamma$	Davi	ime Phone •	—	
							/ 540				



## T.S. CHECHELE, P.A.

December 30, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Michele Kinzel/Design/Artist, Inc.

Dear Sir or Madam:

Enclosed is the corporate annual report for the above-referenced corporation, along with a check in the amount of \$150.00, to cover filing fees.

We respectfully request that you accept this payment as payment in full of the 1998 fee. Michele Kinzel, the sole shareholder and director, divorced in 1998. She moved from the original address listed on the corporation in late 1997 and this property was sold. Consequently, she did not receive the original forms, nor did she receive any of the subsequent forms. It was discovered that the corporate annual report was not filed recently, and we are attempting to correct this situation on her behalf.

Payment of the additional penalty will represent a tremendous financial hardship to this business, and we would appreciate your allowing them to pay the original fee this time. They will not ask for this consideration again in the future.

cc. Michele Kinzel/Design/Artist, INc.