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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000071345 (7)

MICHAEL & COMPANY, INC.

## FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5164 ARBOR GLEN CIRCLE 5164 ARBOR GLEN CIRCLE LAKE WORTH FL 33463 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MANNAA, ANN 5164 ARBOR GLEN CIRCLE **B2** Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 84 City 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, typied or printery name of registered accept and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 president DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME mannaa alen circle STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE \_\_\_ Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 C/TY-S1-ZIP DELETE Change Addition TITLE 317011 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. C(TY - ST - Z)F DELETE 4 1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP DELETE ☐ Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 30000025106**03**hange 6 1 TITLE TITLE -05/05/98--01035--005 NAME 6.2 NAME \*\*\*150.00 STREET ADDRESS 6.3 STREET ADORESS CITY-ST-7IP 6.4 C(1Y - \$1-7IP

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 arrual report or suppliemental annual report is true and accurate and that my signature shall have the same legal offect 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

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