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

**PROFIT CORPORATION ANNUAL REPORT** 



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

P97000106099 (9)

MICHAEL GILLIAM ENTERPRISES, INC.

Mading Address

2700 N.E. 14TH STREET CAUSEWAY

2700 N.E. 14TH STREET CAUSEWAY

**FILED** Jun 11 1998 8:00am Secretary of State



POMPANO BEACH FL 33062-O		POMPANO BEACH FL 33062-0				DO NOT WRITE IN THIS S	SPACE		
						3. Date Incorporated or Qualified 12/17/1997			
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number	ì	Ap	plied for
21						<i>'</i>			t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			
22		City & State							<u> </u>
City & State	•	28				6. Election Campaign Financing Trust Fund Contribution			May Be o Fees
Zip	Country	Zφ	p Country			8. This corporation owes or has paid the curr	rent ye		
24 25 29			30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	* .		т-		10. Name and Address of New Registered	igent		
	C FILING & SEARCH SERVICES,	INC.	61	'	Name				
	EAST PARK AVE.		82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	E. <b>20</b> 0		83	+					
. IAI	LAHASSEE FL 32302		"	1					
			84	Ŧ -	Cily	FL	85	Zip (	Code
	10.11	a cost 11 00 Et aida Conta	.too the ches	Ţ.	nonind one	aration authorite this statement for the surpose of		vina it	registered
office or re agent. I ar	ogi <b>ster</b> ed agent, or both, in the State of a <b>fami</b> liar with, and accord the oblight	f Horida, Such change was long of, Section 607,0505, F	authorized t Jorida Statute	iy t ∷s.	the corporation	oration submits this statement for the purpose of on's board of directors. Thereby accept the app	ointme	nt as	registered
SIGNATURE	Signature: type clini points a naise of tripe to restrige til	and take capate anti- (NC	) I Registered Ag	 jerd	d signature require	ed when reinstaling) DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PSD	DELETE	1 1 10LE				Ch.	ange	Addition
NAME	GILLIAM, MICHAEL		1.2 NAME						
STREET ADDRESS	2700 N.E. 14TH STREET CAUS		13 STREE	A I	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062-0		14 CITY -	S1	· ZIP		<del></del>		· <del>1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>
TITLE		☐ DEIF¥E	211816				[_] Ch	ange	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE						
CITY-ST-ZIP		DELETE	2 4 Cft Y	- \$1	· ZIP		Ch.	2000	Addition
TITLE		L_J DETETE	311/11/1					ange	T1 Vanition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE		- 1				
CITY-ST-ZIP TITLE	<del></del>	DELETE	34. CITY 4.1 TRLE	SI	- ZIP		Ch	ange	Addition
			4 2 NAM	r	1		L	2.780	
NAME			4 2 NAMI		pppree				
STREET ADDRESS			4.4 CITY-		1				
CITY-ST-ZIP TITLE	<del></del>	DELETE	51 THUE	31.	· 21F		Ch	ange	Addition
NAME		<u></u>	5.2 NAME					-	
STREET ADDRESS			53 STHEE		ADDRESS				500
CITY-ST-ZIP			54 GHY-		1			_	(1/V)
TITLE	-	DELETE	6 1 1MLF	<u></u>			Ch	ange	Addition
NAME		-	62 NAME		]	3 <b>000025571</b> 3 -06/11/3801089 <b>0</b> 1	33		
STREET ADDRESS			6.3 STREE	i A	ADDRESS		(B		
CITY-ST-ZIP			64 CHY-			***150.00			
						5 7 5 6 7 6 5 1 1			7.7

Thereby certify that the information supplied with this filing oces 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or or an attachment with an address.