PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077521

1. Corporation Name

MICAN SERVICES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90231 016 ***150.00

	11410 14001 4101 (01)

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Principal Place	of Business	Mail	ing Address				
10619 W ATLAN	ITIC BLVD #126	10619	9 W ATLANTIC BLVD #1:	26			
CORAL SPRING	S FL 33071	COR	AL SPRINGS FL 33071			DO NOT MOITE IN THE CRACE	
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed	
V.		_		_		09/08/1998	
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number Applied Fo	
21		26				65 086 3223 Not Applic	
Suite, Apt.	#, etc.	, 5	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Fee Required	al
22		27	0.4 0 04-4-	<u> </u>			
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be	'
23	Country	28	Zip	Country		d' di constituti di la	
Zip	Country	$\overline{}$	30	·		8. This corporation owes the current year Intangible Personal Property Tax.	₽
24	9. Name and Address of	29		U]		10. Name and Address of New Registered Agent	
	9. Name and Address of	Current Registe	irea Agent	81	Name		
RUS	SO, STACEY						
	9 W ATLANTIC BLVD #1	26		82	Street A	Address (P.O. Box Number is Not Acceptable)	
	AL SPRINGS FL 33071			83	<u> </u>	46.49	
	AL OF HILLOUT L COURT			65			
				84	City	FL 85 Zip Code	
office or re	to the provisions of Sections egistered agent, or both, in the m familiar with, and accept the	ne State of Florida	 Such change was auf? 	norized by	tne corpo	corporation submits this statement for the purpose of changing its register coration's board of directors. I hereby accept the appointment as registered 1-9-99	red I
1	N / -a	ועו עו				1-1-1/	
SIGNATURE	Signature, typed or printed name of reg	istered agent and title if a	applicable. (NOTE: Re	egistered Ager	nt signature re	required when reinstating) DATE	-
SIGNATURE		istered agent and title if a		egistered Ager	nt signature re	required when reinstating) DATE APPLITION COLLANGES TO DESIGNED AND DIRECTORS IN	12
			TORS DELETE		nt signature re	required when reinstating) DATE APPLITION COLLANGES TO DESIGNED AND DIRECTORS IN	12ddition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR