**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30223** **(4)**

1. Corporate Name
**MICHAEL STRINGHAM, INC**

Principal Place of Business
7151 NW 20 CT
SUNRISE FL 33313

Mailing Address
7151 NW 20 CT
SUNRISE FL 33313

3. Date Incorporated (or Qualified): **04/17/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0342312**
Applied For / Not Applicable

5. Certificate of Status (Check): **$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **$5.00 May Be Added to Fees**

8. Is the corporation a small business as defined by Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business
21
Cont. Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Cont. Apt. # etc.
27
City & State
28
29 30

**9. Name and Address of Current Registered Agent**

STRINGHAM, MICHAEL
7151 NW 20 CT.
SUNRISE FL 33313

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with and accept the obligations of section 607.0505 Florida Statutes.

SIGNATURE

12. Officers and Directors

D
STRINGHAM, MICHAEL
7151 NW 20 CT.
SUNRISE FL

13. Additional Officers and Directors

14. I hereby certify that the information supplied with this report is accurate, complete and clear as to quality, for the purposes of section 607.0505 Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or on a separate attached sheet with an asterisk.

**SIGNATURE:** 4/27/95 572-3288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0222167 CP