

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58775** (0)

1. Corporation Name
MICHIGAN MANAGEMENT, INC.



Principal Place of Business: **222 NORTH OCEANFRONT SUITE 1707 JACKSONVILLE FL 32250 US**
Mailing Address: **1210 KINGSLEY AVE. STE 2 SUITE 1707 ORANGE PARK FL 32073 US**

3. Date Incorporated or Qualified: **08/18/1992**
3a. Date of Last Report: **10/02/1995**
4. FEI Number: **59-3138515**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**FULLER BARRY J
2301 PARK AVE, STE 404
SUITE 6
ORANGE PARK FL 32073**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: _____
NAME: **PSD KOSCHNICK, CLIFFORD** DELETE
STREET ADDRESS: **222 N OCEANFRONT JACKSONVILLE BCH FL**
CITY-ST-ZIP: _____
TITLE: **D** DELETE
NAME: **HOWARD, SHARON D**
STREET ADDRESS: **12326 MISSON HILLS CIRCLE NORTH JACKSONVILLE FL 32225**
CITY-ST-ZIP: _____
TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE: _____ Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY-ST-ZIP: _____
2 1 TITLE: _____ Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY-ST-ZIP: _____
3 1 TITLE: _____ Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY-ST-ZIP: _____
4 1 TITLE: _____ Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY-ST-ZIP: _____
5 1 TITLE: _____ Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY-ST-ZIP: _____
6 1 TITLE: _____ Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Handwritten Signature]* DATE: **1-24-96** DAYTIME PHONE #: **904 246-7774**

CR2E034 (12/95)