

**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**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**08/18/1992**

3a. Date of Last Report  
**10/02/1995**

4. FEI Number  
**59-3138515**

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

**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 STREET ADDRESS CITY-STATE-ZIP

1 PSD KOSCHNICK, CLIFFORD ☐ DELETE  
222 N OCEANFRONT  
JACKSONVILLE BCH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3 D HOWARD, SHARON D ☒ DELETE  
12326 MISSION HILLS CIRCLE NORTH  
JACKSONVILLE FL 32225

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6 ☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

2 1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)