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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V67552**

1. Corporation Name

MICHIGAN MOBIL, INC.

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Principal Place	of Business	Mailing Address			1 10011 911010 BIZIL FORDI BILET BILLE IND DIGI.) U 1 U U U	(B((0101) (DA)
381 E MICHIGAN ST		381 E MICHIGAN ST					
ORLANDO FL 32806		ORLANDO FL 32806		DO NOT WRITE IN THE	COACE		
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					09/30/1992		
9 Dringing D	acc of Puninger	2a. Mailing Address			4. FEI Number	T An	plied For
2. Principal Place of Business		26		59-3143773		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
_		27	— '''		5. Certifcate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution	Added*t	
Zip Country		Zip			8. This corporation owes the current year Ir	itangible ,	
		29	30			- 🗆 Yes	No.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	<u></u>
			81	Name			
CHANG, SUNG SOOK			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
381 E MICHIGAN ST				000	,		
ORL	ANDO FL 32806		83				
			84	City		85 Zip (Code
				'	FI	_ `	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	tnorized by da Statutes	the corpora	orporation submits this statement for the purpose cation's board of directors. I hereby accept the appoint	intment as re	gistered
SIGNATORE	Signature, typed or printed name of registered age			nt signature requ	uired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	Addition
TITLE	D	-				. Clande	
NAME	inato, condicon		1.2 NAME				
STREET ADDRESS	381 E MICHIGAN ST	■ · · · · · · · · · · · · · · · · · · ·		T ADDRESS	•	•	
CITY-ST-ZIP	ORLANDO FL	DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLE	V	L] DESETE	2.1 TITLE	-			
NAME	CHANG, CHRISTIAN C						
STREET ADDRESS				TADORESS	•		
City-ST-ZIP	71.20.00		2.4 CITY-8	ST- ZIP		[] Change	☐ Addition
TITLÉ			3.1 TITLE			□ onange	
NAME			3.2 NAME		~	•	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ OELETE	3.4. CITY-5	ST- ZIP		Change	Addition
TITLE		C OFFER				□ aaāa	
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-ZIP		☐ Change	Addition
TITLE			5.1 THE 5.2 NAME				
NAME			4	TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAME			- J	
NAME expect apposes			l l	T ADDRESS			i

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90014 015 ***150.00