

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000019871 (8)

1. Corporation Name  
**MISTY'S INC.**

Principal Place of Business  
**4336 FOREST HILL BLVD.  
SUITE 130  
WEST PALM BEACH FL 33406**

Mailing Address  
**4336 FOREST HILL BLVD.  
SUITE 130  
WEST PALM BEACH FL 33406-5718**

3. Date Incorporated or Qualified  
**02/29/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**HARRISON, KAREN  
2121 TALLAHASSEE DR  
WEST PALM BEACH FL 33409**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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-ST-ZIP | DELETE                   |
|-------|------|----------------|-------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE      | 1.2 NAME       | 1.3 STREET ADDRESS          | 1.4 CITY-ST-ZIP           | Change                   | Addition                            |
|----------------|----------------|-----------------------------|---------------------------|--------------------------|-------------------------------------|
| President      | Karen Harrison | 4336 Forest Hill Blvd. #130 | West Palm Beach, FL 33406 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vice President | Karen Harrison | 4336 Forest Hill Blvd #130  | West Palm Beach, FL 33406 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Treasurer      | Karen Harrison | 4336 Forest Hill Blvd #130  | West Palm Beach, FL 33406 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Secretary      | Karen Harrison | 4336 Forest Hill Blvd. #130 | West Palm Beach, FL 33406 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Director       | Karen Harrison | 4336 Forest Hill Blvd #130  | West Palm Beach, FL 33406 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chairman       | Karen Harrison | 4336 Forest Hill Blvd #130  | West Palm Beach, FL 33406 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-97 (561)689-5582**

Date

Daytime Phone #

0290084

CR2E034 (9/96)