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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 1:07

DOCUMENT # 637350 (0)

1. Corporation Name
MISHALANIE-LAYTON ASSOCIATES, INC.

Principal Place of Business	Mailing Address
634 SOUTH HUGHEY AVE. ORLANDO FL 32801	634 SOUTH HUGHEY AVE. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1979
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-1935018 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ $0.75 Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☒ $5.00 May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MISHALANIE, PHILIP G
206 E SILVER STAR RD
P.O. BOX 596
OCOEE FL 32761

10. Name and Address of New Registered Agent

81 Name: MISHALANIE PHILIP G
82 Street Address (P.O. Box Number is Not Acceptable): 206 E. SILVER STAR RD.
83: P.O. Box 596
84 City: OCOEE FL 85 Zip Code: 34761

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MISHALANIE, MARIAN J	12 NAME	
STREET ADDRESS	206 E.SILVER STAR RD.	13 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	LAYTON, SARAH M	22 NAME	
STREET ADDRESS	1404 KELSO BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LAYTON, ALLAN C	32 NAME	
STREET ADDRESS	1404 KELSO BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	MISHALANIE, PHILIP G	42 NAME	
STREET ADDRESS	206 E.SILVER STAR RD.	43 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Philip G. Mishalanie Jan 9/95 (407) 841-8136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053760 CP