## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F32180

1. Entity Name
MYCON CORPORATION

FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

500 EAST BROWARD BLVD. SUITE 1950

FT LAUDERDALE, FL 33394-0079

Mailing Address

970 W. MCNAB RD Suite #200

FT. LAUDERDALE, FL 33309 US



04202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2121322

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BOYLE, CONRAD J. 500 E BROWARD BLVD #2050 FT LAUDERDALE, FL 33394

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signatur	e required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	05/03/04-80150-009 150.00
10.	OFFICERS AND DIREC	CTORS		•	1
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD RUNYAN, MICHAEL K. 970 W MCNAB RD #200 FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS GITY ST-ZIP	SV RUNYAN, JULIE 970 W MCNAB RD #200 FT. LAUDERDALE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. 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 report or supplemental 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 receiper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacking it with an address, with all other like empowered

SIGNATURE:

Wichael Runyan, Pres. 4/28/04
UNE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

Date