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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9700004549

1. Corporation Name

MYRLEN, INC.

				_	_
Principal	Place	of	Bus	sine	SS

## FILED Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90084 046 \*\*\*158.75



							<u>                                    </u>			
Principal Place of Business Mailing Address				( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (						
050 SW 14TH PLACE 3050 SW 14TH PLACE SUITE 3						•.				
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426		DYNTON BEACH FL 33426			DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 08/28/1997			
2. Principal P	lace of Business	2a	, Mailing Address			4.	FEI Number		Applied For	
· .		26				'	22-2402110-		Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees	
Zip	Country 25	29	Zip Cor	ıntry		8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
	J. 11411			81	Name				,	
BAG	DASARIAN, RICHARD C ESQ.									
SUITE 302 1800 CORPORATE BLVD NW BOCA RATON FL 33431		82	Street Address (P.O. Box Number is Not Acceptable)							
				83						
				84	City		F	ᄔᆝᆝ	Zip Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	it Flori	da. Such change was authorize	or by 1	ine corporation	ration n's bo	n submits this statement for the purpose opend of directors. I hereby accept the app	of changi ointment	ng its registered as registered	
SIGNATURE							minetation) DATE			
	Signature, typed or printed name of registered agent				signature required		Uniousing/	ND DID	FOTODO IN 12	
12.	OFFICERS AND	אוט כ	ECTORS 13.				ADDITIONS/CHANGES TO OFFICERS /	AND DIKI	ECTURS IN 12	

12. ☐ DELETE 1.1 TITLE Change TITLE ROSE, MYRNA 12 NAME NAME 4106 MANCHESTER LAKE DR 6181 97TH CT S 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** 1.4 C/TY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TMF □ DELETE ROSE, LEONARD : 2.2 NAME NAME 4106 MANCHESTER LAKE DR. STREET ADDRESS 6181 97TH CT S 2.3 STREET ADDRESS LAKE WORTH FL 33467 **BOYNTON BEACH FL 33437** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE NAME ROSE, PAUL 3.2 NAME 12450 NW 15TH PLACE, #308 3.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 4.1 TITLE ☐ Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 51TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

6.4 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 seport as required by Chapter 607, Florida Statutes; and that my name appears in other like.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CR2E034 (11/98)

Addition

Change