

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

APPROVED
AND
FILED

95 MAR 27 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G19442** (4)

1. Corporation Name
MYRO, INC.

Principal Place of Business Mailing Address
% MACHEN, POWERS **% MACHEN, POWERS**
301 W CAMINO GARDENS BLVD. #101 **301 W. CAMINO GARDENS BLVD.. #101**
BOCA RATON FL 33432 **BOCA RATON FL 33432-5823**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/13/1983** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2289681** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 **500 Azalea Lane** 27 **500 Azalea Lane**

City & State City & State

23 **Vero Beach, FL** 28 **Vero Beach, FL**

24 Zip **32963** 25 Country **US** 29 Zip **32963** 30 Country **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DISQUE, PHILIP A.
707 S.E. 3RD AVE., STE. 400 400
FT. LAUDERDALE FL 33316-8155

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **SALAS, MYRIAM**
STREET ADDRESS **301 W. CAMINO GARDENS BLVD., #101**
CITY- ST- ZIP **BOCA RATON FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **500 Azalea Lane**
1.4 CITY- ST- ZIP **Vero Beach, FL 32963**

TITLE **PT**
NAME **DISQUE, PHILIP A**
STREET ADDRESS **707 S.E. 3RD AVE #400 400**
CITY- ST- ZIP **FT LAUDERDALE, FL 33316-8155**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **SVP**
NAME **DESROSIERS, SHEILA G**
STREET ADDRESS **301 W. CAMINO GARDENS BLVD., #101**
CITY- ST- ZIP **BOCA RATON FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **500 Azalea Lane**
3.4 CITY- ST- ZIP **Vero Beach, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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: *Sheila G. Desrosiers*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/21/95 407 231 9771
Date Printed Name

SHEILA G. DESROSIERS