

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G19442** (4)

1. Corporation Name  
**MYRO, INC.**



Principal Place of Business Mailing Address  
**% MACHEN POWERS  
500 AZALEA LANE  
VERO BEACH FL 32963  
US**

3. Date Incorporated or Qualified **01/13/1983** 3a. Date of Last Report **03/27/1995**  
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

21. Principal Place of Business 2a. Mailing Address  
22. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
23. City & State 27. City & State  
24. Zip 25. Country 29. Zip 30. Country

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when fee is stated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAS, MYRIAM</b>	1.2 NAME	
STREET ADDRESS	<b>500 AZALEA LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DISQUE, PHILIP A</b>	2.2 NAME	
STREET ADDRESS	<b>707 SE 3RD AVE #400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESROSIERS, SHEILA G</b>	3.2 NAME	
STREET ADDRESS	<b>500 AZALEA LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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* **Sheila G. Desrosiers** 5/1/96 407-231-9771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits in Parentheses

CR2E034 (12/95)