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

PROFIT CORPORATION ANNUAL REPORT

Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998

1. Corporation		2 (3)				
Myjer,	INC.					
Principal Place of Business Mailing Address						
C/O MYRNA W. HART C/O MYRNA W. HART						
11293 WINGFOOT DRIVE 11293 WINGFOOT DRIVE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 3345				DO NOT WRITE IN THIS SPACE		HIS SPACE
BUTHTON BE	NOT PE 33437	DOTHION DENOTITE O	,040;		3. Date Incorporated or Qualified	
					11/09/1984	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 2010 Apt 4 ato					59-2468201	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	Fee Required
City & State City & State			*		6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country Zip		Countr	Country 8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Negration	neu Agent
	RT, MYRNA W.					
11293 WINGFOOT DRIVE			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
ВО	YNTON BEACH FL 33437		83	1		
			84	1 03.		85 Zip Code
1			\	1 "		FL "
11. Pursuant to office or reagent. Fai	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida Such change wa ations of, Section 607.0505,	utes, the abors s authorized t Florida Statute	ve-named co by the corpor as.	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered appointment as registered
SIGNATURE		the state of the s	OTE: Popietered A	noot eigneture ren	guired when reinstating) D.	ATE
12.	Signature typed or printed name of registered agent and title if applicable (NO OF FICE RS AND DIRECTORS		13.	fork algebras rot	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP DELETE		1.1 TITLE			Change Addition
NAME	HART, MYRNA W.		1.2 NAME			
STREET ADDRESS	11293 WINGFOOT DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL	Delete	1.4 CITY			Change Addition
TITLE	DT DELETE		2.1 TITLE			Change C Addition
NAME	HART, JEROME		2.2 NAMI	ET ADDRESS		•
STREET ADDRESS	11293 WINGFOOT DR. BOYNTON BEACH FL		2.4 CITY			
CITY-ST-ZIP	BOTHTON BEACHTE	DELETE		- O(- E/I		☐ Change ☐ Addition
NAME			3.2 NAMI			
STREET ADDRESS			3.3 STRE	ET ADDRESS		4
CRY-ST-ZIP			3.4. CITY	- \$1 - ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI			•
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 C/TY			
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAM	E		i
STREET ADDRESS			63 STRE	ET ADORESS		
CITY-ST-ZIP		1 1 1 21 1	6.4 CITY		Lin Section 110 07/3Vi). Florida Statutae I furt	har cartify that the information

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.

FILED