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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H67683

(3)

MISTOFFOLEES, INC.

Principal Place of Business Mailing Address									ANII IAAIA NEIRI IAIAI				
% DAVID N. SEXTON 1167-3RD STREET SOUTH. SUITE 107 NAPLES FL 33940		116	% DAVID N. SEXTON 1167-3RD STREET SOUTH. SUITE 107 NAPLES FL 34102-7098										
								3. Date Incorp 07/18/198	poråted or Qualifi 35		n. Date d 02/09/ 1		eport
	lace of Business	28	, Mailing Address					4. FEI Numbe				Ap	plied For
	MERCANTILE AVE.	26	3784 MERCAN	TILE	(AV	<u>E.</u>		59-2577	448				t Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.					5. Certificate	of Status Desired	; <u> </u>	\$	8.75 A Fee Re	dditional quired
City & Stat	c		City & State	·····	***************************************			6. Election Ca	ampaign Financir	ng	1	\$5.00	May Be
23 NAPLE	S, FL	28	NAPLES, FL	•				Trust Fund	Contribution			Added t	o Fees
Zip 24 34104	Country 25	29	Zip 34104	30	Country			8. This corpor Florida Stat	ration has liability tutes	for intan			199.032
	9, Name and Address of Curre								Address of Nev	v Registe	red Age	nt	
	ton, david n.				81	Nam	e LEN	OIR E. Z	AISER				
1167 THIRD STREET SOUTH SUITE 107						Stree		Address (P.O. Box Number is Not Acceptable) 550 ADMIRALTY PARADE WEST					
	LES FL 33940				83			LES, FL	II IAMADA	MANA			
					84	City					FL ⁸	5 Zip (
11. Pursuant	to the provisions of Sections 607.05	02 and €	607.1508. Florida Stat	ules, the	above	-name	d corpo	ration submits th	nis statement for	the nurno	se of chi	anging it	craniclared
office or i	registered agent, or both, in the State	e of Flori	ida. Such change was	o outbor	h.		renoratio	o's board of dire	ectors I hereby a	ccept the	appoint	mont ac	registered
sport 1s	on familiar with and appoint the only	rations o	of Section 607 0505	S aumon Florida S	ized by Statutes	the co	Jipuratio	., , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	-		IIIQIII BIS	
	to the provisions of sections out con- registered agent, or both, in the State am familiar with, and accept the oblig	gations c	of Section 607.0505, I									ment as	9.0.0.0
agent. La	Signature typed or printed havie of registered ap	gent and en	: applicable (N	LENC)IR	E, 2	LAISE	R I when reinstating)	1/2	3/97 _{D/}	NTE		
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14. do 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 changed, or on an attachment with an address.

SIGNATURE:

1/23/97 941-643-6565

FILED

Feb 12 1997 8:00am

Secretary of State