

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

FILED

Feb 12 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H67683

(3)

1. Corporation Name
MISTOFFOLEES, INC.

Principal Place of Business

% DAVID N. SEXTON
1167-3RD STREET SOUTH, SUITE 107
NAPLES FL 33940

Mailing Address

% DAVID N. SEXTON
1167-3RD STREET SOUTH, SUITE 107
NAPLES FL 34102-7098

3. Date Incorporated or Qualified

07/18/1985

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

21 3784 MERCANTILE AVE.

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FL

24 34104

Country

2a. Mailing Address

26 3784 MERCANTILE AVE.

Suite, Apt. #, etc.

27 City & State

28 NAPLES, FL

29 34104

Country

4. FEI Number

59-2577448

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

SEXTON, DAVID N.
1167 THIRD STREET SOUTH
SUITE 107
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name LENOIR E. ZAISER

82 Street Address (P.O. Box Number is Not Acceptable)
550 ADMIRALTY PARADE WEST

83 NAPLES, FL

84 City

FL

85 Zip Code
34102

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: *Le Noir E. Zaiser* LENOIR E. ZAISER

1/23/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME ZAISER, LENOIR E.
STREET ADDRESS 550 ADMIRALTY PARADE W.
CITY - ST - ZIP NAPLES FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I 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: *Le Noir E. Zaiser* LENOIR E. ZAISER

1/23/97

941-643-6565

Date

Daytime Phone #

CR2E034 (9/96)