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 # H70829 (7)

1. Corporation Name

MYRTLE GROVE, INC.

Principal Place of Business	Mailing Address
C/O MOHAMAD MIKHCHI 1012 N. 72ND STREET PENSACOLA FL 32506	C/O MOHAMAD MIKHCHI 1012 N. 72ND STREET PENSACOLA FL 32506

3. Date Incorporated or Qualified	3a. Date of Last Report
08/12/1985	03/16/1995

4. FEI Number	
59-2662150	Applied For ☐ Not Applicable ☐

2. Principal Place of Business [21]
2a. Mailing Address [26]

Suite, Apt. #, etc. [22]
Suite, Apt. #, etc. [27]

City & State [23]
City & State [28]

Zip [24] Country [25]
Zip [29] Country [30]

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIKHCHI, MOHAMAD 1012 N. 72ND STREET PENSACOLA FL 32506	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **MIKHCHI, MOHAMAD**		1.2 NAME	
STREET ADDRESS **3780 SCENIC RIDGE DR**		1.3 STREET ADDRESS	
CITY-ST-ZIP **PENSACOLA FL**		1.4 CITY-ST-ZIP	
TITLE **VST**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **MIKHCHI, CONSTANCE**		2.2 NAME	
STREET ADDRESS **3780 SCENIC RIDGE DR**		2.3 STREET ADDRESS	
CITY-ST-ZIP **PENSACOLA FL**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ 4/19/96 904 456 6629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #