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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H80126**

(6)

BYRON INVESTMENT CORP.

Mailing Address Principal Place of Business 701-94TH STREET 940 88\$T SURFSIDE FL 33145 SURFSIDE FL 33154-2421 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1985 06/03/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-2629209 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ANGELO & DONNA ARCE R1 Name 940 88TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) SURFSIDE FL 33154 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition THLE DELETE 11 TITLE ARCE, ANGELO NAME 1.2 NAME 940 88TH ST 1.3 STREET ADDRESS STREET ADDRESS SURFSIDE FL 1.4 CiTY-ST-ZiP 011Y-SF-7/2 DELETE Change Addition BILLE 2.1 TITLE ARCE, DONNA NAME 2.2 NAME 940 88 ST STREET ADDRESS 2.3 STREET ADDRESS Surfside fl 2. 4 CITY-ST-21P CITY - ST - ZIP DELETE Change Addition 3.1 TITLE THLE 3.2 NAME MAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST 7P DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY: \$1 - 7:F 4 4 CITY-ST-ZIP DELETE Change Addition THE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-ZIP DELETE 6.1 TITLE __ Change Addition TITLE NAME 6,2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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 arrival export or supplymental 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 thy condoration or the feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

0208108

96/6)

FILED

Apr 28 1997 8:00am

Secretary of State