

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Nancy B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # K56272

(3)

95 MAY -1 PM 11:44

To: Corporation Name

MYB & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**% MICHAEL L. BORCHERT
9635 BAY VISTA ESTATES BLVD
ORLANDO FL 32836-6317**

Mailing Address

**% MICHAEL L. BORCHERT
9635 BAY VISTA ESTATES BLVD
ORLANDO FL 32836-6317**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
01/06/1989	07/22/1994
4. FID Number	4a. Applicant Fee
59-2935218	Not Applicable
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 nonpayment of the 1994 1995 Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. State	29. State
25. State	30. State

9. Name and Address of Current Registered Agent

**BORCHERT, MICHAEL L.
9635 BAY VISTA ESTATES BLVD.
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0507 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 understand the duties of Sections 607.0508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
12.1 NAME	D BORCHERT, MICHAEL L. 9635 BAY VISTA ESTATES ORLANDO FL	13.1 NAME	☐ Change ☐ Addition
12.2 STREET ADDRESS		13.2 STREET ADDRESS	
12.3 CITY & STATE		13.3 CITY & STATE	
12.4 NAME	D SIMEONE, CARMEN R. 3807 INWOOD LANDING ORLANDO FL	13.4 NAME	☐ Change ☐ Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY & STATE		13.6 CITY & STATE	
12.7 NAME		13.7 NAME	☐ Change ☐ Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY & STATE		13.9 CITY & STATE	
12.10 NAME		13.10 NAME	☐ Change ☐ Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY & STATE		13.12 CITY & STATE	
12.13 NAME		13.13 NAME	☐ Change ☐ Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY & STATE		13.15 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law 94-117 (a)(4). I further certify that the information included 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 record or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the report.

SIGNATURE: *Michael Borchert* Director 4-27-95 407-578-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR