COF	PROFIT RPORATION JUAL REPORT 1996	Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS				
 Corporatio 	MENT # L305(MYERS TUX, INC.	03 (1)					1 816 11 8 1811 1 86 1
rincipal Placi G/O MR-TA 3545 CLEVE FT MYERS I	ELAND AVE	Mailing Address C/O MR. TUX CYN C 3645 OLEYELAND AVE FT MYERG FL 99901	ryl A. McKau 34 Prospect St Melrose, MA oal	Date Incorporated or Qualified	3a. Date		
Principal P	Place of Business			11,10,1000	O.	5/01/19	95
rniopairi I	riade or business	2a. Mailing Address 26 S Wery I A	. Mc Komas	4. FEI Number 59-2987135			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 34 Prosve		Certificate of Status Desired		\$8.75	Not Applicable Additional Required
Crty & State		City & State 28 Mclrose	_	Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Zip	Country 25	Zip / 29 Ολλη (δ	Country Country	l	S ∐ No	x under s	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New I	Registered A	Agent	
ATKIN,				ess (P.O. Box Number is Not Acceptate	ala)		
	AN MARINO WAY ORTH FL 33463			ess (F.O. Dox Hollinger is Not Acceptat	леј		
Datem	OHIH 1 E 00400						
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			84 City		FI	1 1 1	p Code
Pursuant to or register	to the provisions of Sections 607,050 red agont, or both, in the State of Flo	02 and 607.1508, Florida Statutes rida. Such change was authorize	84 City	ation submits this statement for the pu	FL rpose of chair	1 1 1	
	to the provisions of Sections 607.05t red agent, or both, in the State of Flo ith, and accept the obligations of, Se	02 and 607,1508, Florida Statutes orida. Such change was authorize ction 607,0505, Florida Statutes.	84 City	ation submits this statement for the pu d of directors. I hereby accept the app	FL rpose of char ointment as i	1 1 1	
BNATURE .	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	84 City	d when reinstating)	rpose of char ointment as i	nging its r registered	egistered office agent. I am
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SIGNATURE:

5/15/96 417-801-0429