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 # L72203

(7)

LYST ENTERPRISES, INC.

STREET ADDRESS

I am an officer or direct appears in Block 12 of

SIGNATURE:

CITY-ST-ZIF

FILE	D
Feb 27 1997	7 8:00am
Secretary	of State

Principal Place of Business BOT 41ST STREET SUITE 600 MIANU BEACH FL 33140 US Mailing Address BOT 41ST STREET SUITE 600 MIANU BEACH FL 33140 MIANU BEACH FL 33140-3389 US			3. Date Incorporated or Qualified 05/09/1990 3a. Date of Last Report 02/15/1996			
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number		
	O NW LEJEUR Rd	26 1550 NW	Le Jeur Ra	65-0203587		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
	hmi, Pha	27 mami	· · · · · · · · · · · · · · · · · · ·	6. Certificate of Status Desired	Fee I	Required
City & Sta	le	City & State	4	6. Election Campaign Financing		May Be
Z _{(P}) 2 2 2	Country		Country	Trust Fund Contribution		d to Fees
24 33	126 25	29 33121 3	10	8. This corporation has liability for i	intarigible tax under ☐ Yes ☐ No	s. 199.032,
	g. Name and Address of Current			10. Name and Address of New Re		***************************************
	ON, STEVEN Sign	Tiv Letare Rd	B1 Name			
	THE OTHER		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	TE 600 (miam)	, PM 3312L	83			
- MHA	MI BEACH FC 33140		83			
			84 City		FL 85 Zip	p Code
office or agent. I s SIGNATURE.	to the provisions of socions do cook registered agent, or both, in the State of am familiar with, and accept the obligations of the socions of the socions agents the socions agents.		thorized by the corpora da Statutes. Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment a	its registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	·····	DRS IN 12
TITLE	DP	DELETE	1.1 TITLE		☐ Change	
NAME	SIMON, STEVEN		1.2 NAME			
STREET ADDRESS	1550 NW LEJUENE ROAD MIAMI FL		1.3 STREET ADDRESS			
TITLE	DST	DELETE	1.4 CITY-ST-ZIP		D Obana	T Addres
NAME	SIMON, LYNETTE		2.1 TITLE 2.2 NAME		Change	Addition
STREET ADDRESS	1550 NW LEJUENE ROAD		2.3 STREET ADDRESS			
CITY-ST-7'P	MIAMI FL		2 4 CITY-ST-ZIP			
TITLE	* # Mildeline	☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIF		DELETE	3 4. CiTY+ST-ZIP			
TITLE		☐ DELETE	41 TITLE		L Change	Addition
STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZiP			4.4 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE	·····	☐ Change	Addition
NAME			52 NAME		•	
STREET ADORESS			5.3 STREET ADDRESS			
CITY - ST- ZIP		**************************************	54 CITY+ST-ZIP			
TITLE		DELETE	61 TITLE		Change	Addition
NAME			62 NAME			

6.3 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 a inual report or supplied that 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 feed very or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

apattachment with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR