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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37510

(5)

1. Corporation Name

MYAK TECHNOLOGIES, INC.

Principal Place of Business

9777 SATELLITE BLVD.
SUITE 120
ORLANDO FL 32837
US

Mailing Address

9777 SATELLITE BLVD.
SUITE 120
ORLANDO FL 32837-8463
US

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

08/14/1996

4. FEI Number

22-2416696

Applied For

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 9777 SATELLITE BLVD.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 120

City & State

City & State

23 ORLANDO FL.

Zip

Country

Zip

Country

24 32837

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, RONALD
9777 SATELLITE BLVD.
SUITE 120
ORLANDO FL 32837

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 of officer or principal named in 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
NAME KAPLAN, RONALD
STREET ADDRESS 104 FIARWAY PLACE
CITY-ST-ZIP VERONA NJ 07044

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME KAPLAN, ALAN
STREET ADDRESS 79 MREIDEN ROAD
CITY-ST-ZIP ROCKAWAY FL 07866

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VLP
NAME GIACONA, FRANK
STREET ADDRESS 8804 WINDSTREAM TERRACE
CITY-ST-ZIP ORLANDO FL 32818

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK G. GIACONA

1-2-97

407-438-5700

Date

Daytime Phone #

CR2E034 (9/96)