

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 8:20

DOCUMENT # P93000032083 (6)

1. Corporation Name
MYRIAD, INC.

Principal Place of Business

600 THACKER AVE
A-17
KISSIMMEE FL 34741

Mailing Address

600 THACKER AVE
A-17
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1993

3a. Date of Last Report

05/20/1994

4. FEI Number

59-3183382

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, RONALD D
14582 POTANOW TRAIL
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
WAGNER, RONALD
600 THACKER A-17
KISSIMMEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P
WAGNER, RONALD
600 THACKER A-17
KISSIMMEE FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
WAGNER, SANDY
600 THACKER A-17
KISSIMMEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VP
RONALD WAGNER
600 THACKER A-17
KISSIMMEE, FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
WAGNER, SANDY
600 THACKER A-17
KISSIMMEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

S
RONALD WAGNER
600 THACKER A-17
KISSIMMEE FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
WAGNER, RONALD
600 THACKER A-17
KISSIMMEE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

T
RONALD WAGNER
600 THACKER A-17
KISSIMMEE, FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 executor 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 only in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

RONALD WAGNER

DATE

6/6/95

DAYTIME PHONE #

907
856-4121

CR2E034 (3/95)