

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
05/04/1993

3a. Date of Last Report  
06/09/1995

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  
21 Suite, Apt #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

WAGNER, RONALD D  
14582 POTANOW TRAIL  
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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, type or print name of registered agent and file if applicable)

(None. Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	WAGNER, RONALD	
STREET ADDRESS	600 THACKEN A-17	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	DELETE
NAME	WAGNER, SANDY	
STREET ADDRESS	600 THACKEN A-17	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	DELETE
NAME	WAGNER, SANDY	
STREET ADDRESS	600 THACKEN A-17	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	DELETE
NAME	WAGNER, RONALD	
STREET ADDRESS	600 THACKEN A-17	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 689, 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

6/13/96 8564127

CR2E034 (3/96)