

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080363 (3)

1. Corporation Name

MYLES AHEAD, INC.

Principal Place of Business

5310 NW 33RD AVE
SUITE 100
FT LAUDERDALE FL 33309

Mailing Address

5310 NW 33RD AVE
SUITE 100
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

06/30/1995

4. FEI Number

65-0449756

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 6652 NW 57ST

Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

24 Zip

33321

Country

25 USA

2a. Mailing Address

26 6652 NW 57ST

Suite, Apt. #, etc.

27 City & State

28 TAMPA FL

29 Zip

33321

Country

30 USA

9. Name and Address of Current Registered Agent

LANE, PAUL J
5310 NW 33RD AVE
SUITE 100
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 110
84 City
85 Zip Code

Allan Serchay
5310 NW 33 AVE
SUITE 110
FT LAUDERDALE FL 33309

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 ATIAN SERCHAY CPA

Signature typed or printed name of registered agent and date of appointment

[Signature] 4/26/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUCHNICK, JODY
STREET ADDRESS 5310 NW 33RD AVE #100
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE D
NAME FRANKEL, HARVEY
STREET ADDRESS 5310 NW 33RD AVE #100
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Frankel, Jody
1.3 STREET ADDRESS 6093 NW 62 Terr
1.4 CITY-ST-ZIP Portland FL 33067

2.1 TITLE Secretary
2.2 NAME Frankel, Harvey
2.3 STREET ADDRESS 6093 NW 62 Terr
2.4 CITY-ST-ZIP Portland FL 33067

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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] Harvey Frankel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 9547240500

Date: Daytime Phone #

CR2E034 (12/95)