

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # *99-4977*
1. Corporation Name
LISTON CORPORATION

Principal Place of Business: **2023 N. ATLANTIC AVE #93**
Mailing Address: **COCOA BEACH, FL 32931**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: *1/12/99*

4. FEI Number: **59-3222919** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 2023 N. ATLANTIC AVE**
State, Apt #, etc: **22 93**
City & State: **23 COCOA BEACH FL**
Zip: **24 32931** Country: **25 BREVARD**

2a. Mailing Address: **26**
State, Apt #, etc: **27 SAME**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
~~DAVE SILBERSTEIN~~
~~DAVE SILBERSTEIN~~
KIRK PINKERTON
720 S. ORANGE AVE
SARASOTA, FL 34236

10. Name and Address of New Registered Agent

81 Name: *No change*

82 Street Address (P.O. Box Number is not acceptable): *No change*

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0067 and 607.0068, 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 607.0065, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	M.C. BARNARD	
STREET ADDRESS	2023 N. ATLANTIC AVE #93	
CITY - ST - ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

200002536922
-05/27/98-01078-048
*****150.00**

5/26
PE 47

14. I 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 a new statement with an address.

SIGNATURE: *M.C. Barnard* **M.C. BARNARD** *3/29/98*

CR2E034 (10/97)