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

FILED Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000031922 (5) DOCUMENT #
1. Corporation Name MIRIAH, INC. Principal Place of Business Mailing Address 2321 BEE RIDGE ROAD 2321 BEE RIDGE ROAD SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 65-05 10737 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCNICHOL, DANIEL G 2321 BEE RIDGE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34239 83 A4 City 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 607.0515, Florida Statutes. SIGNATURE nt signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE STD 1.1 TITLE MCNICHOL, DANIEL G NAME 1.2 NAME 2321 BEE RIDGE ROAD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MCNICHOL, BARRIE L 2.2 NAME NAME 2321 BEE RIDGE ROAD STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 41 TITLE Change ☐ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

1-5-98

915-8813

Change

Addition