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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000033598 (1)

MYAKKA RIVER TRADING POST INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I TOOKEDI LIG IBIIK BIDIL BALKI EBHI BOKI BARBA KILAN EKIN BIRIN IBIBI TOIK IBBI	
9001 S TAMIAMI TRAIL 9001 S TAMIAMI TRAIL VENICE FL 34283 VENICE FL 34283					-			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								05/04/1994
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				65-0485902 Not Applicable \$8.75 Additional
22				27				6. Certificate of Status Desired Fee Required
City & State				City & State				Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution
Zip Country			1:-1	Zip Country			/	8. This corporation owes or has paid the current year Intangible
24	25 29 30			30			Personal Property Tax due June 30. Yes No	
	9. Name	and Address of Curre	nt Regis	tered Agent		Ļ		10. Name and Address of New Registered Agent
CA	Meron, M	IARJORIE A				81	Name	9
135 ROTONDA CIRCLE						82	Street A	1 Address (P.O. Box Number is Not Acceptable)
ROTONDA WEST, FL FL 33947						83	ļ	
						183		
						84	City	FL 85 Zip Code
44 Purguent	to the provin	ions of Continue 607 Of	O3 and 6	07 1609 Florida Stat	utos tho	abov	o named c	
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 rejectored agent and lifter if applicable (INDIE Registered Agent signature required when reinstating) DATE								
12. OF LICERS AND D						_	ent signature t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST			DELETE		TITLE		Change Addition
NAME		ON, MARJORIE A.			12	NAME		
STREET ADDRESS 135 ROTONDA CIRCLE				1.3 ST		STREET	ADDRESS	·
CITY-ST-ZIP ROTONDA WEST FL 33947				1.4 0			ST-ZIP	
TITLE				☐ DELETE	2.1	TITLE		☐ Change ☐ Addition
NAME					2.2	NAME	i	
STREET ADDRESS					2.3	STREET	ADDRESS	
CITY-ST-ZIP							\$T-ZIP	
TITLE				DELETE		TITLE	}	Change Addition
NAME						NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE		CITY -	ST-ZIP	Change Addition
NAME				petric		NAME	- 1	C. Crange C. Fraction
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					- 4		ST-ZIP	
TITLE				DELETE		TITLE	,,- <u>,,</u>	Change Addition
NAME				- · - ·		NAME	- 1	
STREET ADDRESS							ADDRESS	.}
CITY-ST-ZIP							ST-ZIP	
TITLE				DELETE		TITLE		Change Addition
NAME					6.2	NAME	}	
STREET ADDRESS					6.3	STREET	ADDRESS	
CITY-ST-ZIP			a		64	CITY-5	ST-ZIP	

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 is changed, or on an attachpoint with an address.

alad 198 941-4261947