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

Mailing Address

DHUMANICH HIDANGER

428 LAKE PARK TRAIL

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 16 1997 8:00am

Secretary of State

4-244-

POCUMENT # P94000041127 (9)

## MYERS FINANCIAL & RETIREMENT PLANNING INC.

428 LAKE PARK TRAIL SUITE 201 SUITE 201 OVIEDO FL 32765-8274 OVIEDO FL 32765 3a. Date of Last Report 3. Date Incorporated or Qualified 05/27/1994 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3252585 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Country Zin Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statules 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MYERS, WILLIAM S JR **428 LAKE PARK TRAIL** Street Address (P.O. Box Number is Not Acceptable) **SUITE 201** В3 **OVIEDO FL 32765** 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Addition DELETE th tota Change TITLE MYERS. WILLIAM S JR 1.2 NAME **428 LAKE PARK TRAIL SUITE 201** STREET ADDRESS 13 STREET ADDRESS OVIEDO FL CITY-ST-ZIP 1/4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 THLE TITLE 2,2 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2, 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3;4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 4.1 THEE TITLE 4.2 NAME STREET ADDRESS 4,3 STREET ADDRESS 4,4 CITY- ST- 7IP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5,1 111¢E TITLE NAME 5.2 NAME STREET ADDRESS 5,3 STREET ADDRESS CITY-ST-ZIP 5,4 CITY - \$1 - ZIP DELETE Addition ☐ Change 6,110116 TITLE 6,2 NAME NAME STREET ADDRESS 6,3 STREET ADDRESS CITY-ST-ZIP 14. I do 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 an attachment with an address.