

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000064537 (1)

1. Corporation Name
MISTLE, INC.



Principal Place of Business

% STEPHEN P. GULEFF
405 CANAL POINT NORTH #104
DELRAY BEACH FL 33444

Mailing Address

% STEPHEN P. GULEFF
405 CANAL POINT NORTH #104
DELRAY BEACH FL 33444

2. Principal Place of Business

21 750 PARK of Commerce DR

Mailing Address

22 Suite, Apt. #, etc.

BOCA RATON

City & State

23 FL 33487

Zip

Country

24 33487

Country

Zip

25 UJA

Country

29

Country

30

9. Name and Address of Current Registered Agent

CHANSEN, ANDREW M
125 CRAWFORD BLVD.
BOCA RATON FL 33432

3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

03/24/1995

4. FEI Number

65-0522457

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GULEFF, STEPHEN P
STREET ADDRESS 405 CANAL POINT NORTH #104
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D
NAME EHRENPREIS, MICHAEL
STREET ADDRESS 6603 AMBERWOODS DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D
NAME GORDON, LEONARD
STREET ADDRESS 7871 PENNYSON COURT
CITY-ST-ZIP BOCA RATON FL 33433

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

407-997-4610

CR2E034 (12/95)