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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038324 (6)

1. Corporation Name
DMYTROW & ASSOCIATES, INC.

Principal Place of Business
12836 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

Mailing Address
12836 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410-1403

3. Date Incorporated or Qualified 05/12/1995
3a. Date of Last Report 04/18/1996

4. FEI Number 65-0582925
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

2. Principal Place of Business
21 11211 Prosperity Farms Rd
Suite, Apt. #, etc. B-205
City & State Palm Beach Gardens, FL
Zip 33410 Country
2a. Mailing Address
26 11211 Prosperity Farms Rd.
Suite, Apt. #, etc. B-205
City & State Palm Beach Gardens, FL
Zip 33410 Country

9. Name and Address of Current Registered Agent

DMYTROW, ERIC D
12836 CALAIS CIRCLE
PALM BEACH GARDENS FL 33410

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PTSD			<input type="checkbox"/>
	DMYTROW, ERIC D	12836 CALAIS CIRCLE	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY - ST - ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY - ST - ZIP	1.13 TITLE	1.14 NAME	1.15 STREET ADDRESS	1.16 CITY - ST - ZIP	1.17 TITLE	1.18 NAME	1.19 STREET ADDRESS	1.20 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/97 561 624-7550

CR2E034 (9/96)