SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046229 (7)

MYROSE ENTERPRISES, INC.

Principal Place of Business Mailing Address				· · · · · · ·		
1112 BANANA RIVER DR. INDIAN HARBOR BEACH FL 32937		1112 Banana River dr. Indian Harbor Beach FL 32937			DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualifie 06/14/1995 	d 3a. Date of Last Report 03/05/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				59-3324740	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 28		City & State	ໆ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z)p	Country 30		8. This corporation owes or has Personal Property Tax due Ju	me 30. 🔀 Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Agent
	YROSE, DAVID L		81	Name		
1112 BANANA RIVER DR.			82	Street Add	ress (P.O. Box Number is Not Accep	table)
INU	IAN HARBOR BEACH FL 32937		83			
			-			last a sale
,			84	City		FL 85 Zip Code
11. Pursuant i office or re agent. La	o the provisions of Sections 607.05(egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change wa pations of, Section 607.0505,	utes, the above s authorized by Florida Statutes	e-named corpora the corpora	poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors and the tion's board of directors.	e purpose of changing its registered cept the appointment as registered
SIGNATURE						2475
12.	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable (N ID DIRECTORS	OTE Registered Age	ent signature requ	red when reinstaling) ADDITIONS/CHANGES TO OF	PICERS AND DIRECTORS IN 12
TITLE	5	DELETE	1,1 TITLE	· · · · · · · · · · · · · · · · · · ·	NOOTHICKGO TO CIT	Change Addition
NAME	MEYROSE, DAVID L		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		1.4 CITY - S	1-ZIP		
TITLE	DELETE		2.1 TITLE	1		Change Addition
NAME			2.2 NAME	4000coc		
STREET ADDRESS			2.3 STREET 2.4 CITY-1			
CITY-ST-ZIP TITLE			31 TITLE	31"211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		•
CITY-ST-ZIP			3.4. CITY -	31 - ZIP		
THTLE		☐ DELETE	4.1 TITLE			L. Change L. Acdition
NAME			4. 2 NAME	ADDRESS		
STREET ADDRESS			4.3 STREET			•
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - S 5.1 TITLE	1-211		☐ Change ☐ Addition
NAME		-	5.2 NAME			* - '
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS 1			6.3 STREET	ADDRESS		

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 armula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 or changed, or on multiplicative with an address.

FILED

Sep 18 1997 8:00am

Secretary of State