FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007178 (2)

1. Corporation Name

MISTY II DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
~~700 NO. WICKHAM ROAD STE 210~~ ~~MELBOURNE FL 32935~~ 642 Doral Lane Melbourne, FL 32940	~~700 NO. WICKHAM ROAD STE 210~~ ~~MELBOURNE FL 32935-0050~~ P.O. Box 410247 Melbourne, FL 32941-0247

3. Date Incorporated or Qualified **01/23/1996**		**3a.** Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 642 Doral Lane	26 P.O. Box 410247
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Melbourne, FL	City & State 28 Melbourne, FL
Zip 24 32940 / Country 25	Zip 29 32941-0247 / Country 30

4. FEI Number 59-3362085 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENFRO, ROBERT M ~~700 NO. WICKHAM ROAD STE 210~~ ~~MELBOURNE FL 32935~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 642 Doral Lane 83 84 City Melbourne FL 85 Zip Code 32940

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**	☐ DELETE	1.1 TITLE **P, D**	☒ Change ☐ Addition
NAME **RENFRO, ROBERT M**		1.2 NAME	
STREET ADDRESS **700 NO. WICKHAM ROAD STE 210**		1.3 STREET ADDRESS 642 Doral Lane	
CITY-ST-ZIP **MELBOURNE FL 32935**		1.4 CITY-ST-ZIP Melbourne, FL 32940	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _X_____   1-14-97   407-242-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0103002