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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 24 1997 8:00am Secretary of State

1997

DOCUMENT # P96000012338 (5)

MIRLY II	NSTALLATIONS, INC.					
Principal Plac	e of Busness	Mailing Address	····	i kookoon ika kalik ahki ahki kalik ahki ahki ah	de en glis endem endem legam e	JUN 1001 1001
601 NORTHEAS POMPANO BEA	ST 1ST STREET ACH FL 33080	601 NORTHEAST 1ST STREET POMPANO BEACH FL 33080-8303				
		÷,		3. Date Incorporated or Qualified 02/08/1996	3a. Date of Last	Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 South Aret	# of	Suite, Apt #, etc.		W5-06413a		Not Applicable
Suite, Apt	年、6月15	27 Stiffe, Apr. #, Btd.	ř ŧ	5. Certificate of Status Desired	1 1	Padomonal; Required
City & Star	······································	City & State		6. Election Campaign Financing		O May Be
23		28		Trust Fund Contribution		d to Fees
Zιp	Country	Zip	Country	8. This corporation has liability for	intangible tax unde	s. 199.032,
24	25		30		Yes 🔣 No	
	g, Name and Address of Curre		B4 N	10, Name and Address of New R	egistered Agent	
	LAW FIRM OF LAWRENCE J S	SPIEGEL CHRTD	81 Name	elssman. Hai	rold E.Sa	Q C
	ALMERIA AVENUE		82 Street Add	lress (P.O. Rex Number is Not Accepta		j
COF	RAL GABLES FL 33134		83	10 tine Islan	noul mode	<u> </u>
		Ÿ.		uite 118		
	/	Ţ	84 City	منطعطم	FL 85 3	B Code
44 Burenasi	to the previous of Sastiday 607.05	.02 and 607 1509 Florida Statuta	s the above named cor	poration submits this statement for the		a ite registered
office or	registered agont, or both, in the State	te of Florida, Such change was a	uthorized by the corpora	poration submits this statement for the ation's board of directors. I hereby according	ept the appointment	as registered
	am familiar with, morrocept the obli	gallons of, Section 607.0505, Floi	rida Statutes.			
SIGNATURE	Sandrage (Associated name of real-stemms	ejero and otte diapplacative (NOTE	Registered Agent signature requ	ured when reinstating)	DATE	
12.		ND DIRECTORS .	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECT	ORS IN 12
TiTLé	PTD	DELETE	1.1 TITLE		Chang	e Addition
NAME	MIRLY, DOUGLAS WAYNE		1.2 NAME			
STREET ADOPESS	601 NORTHEAST 1ST STREE		1.3 STREET ADORESS			
CITY - ST - ZIP	POMPANO BEACH FL 33060		1.4 CITY+ST-ZIP			
TITLE	VSD	☐ DELETE	2 1 TITLE		L Chang	e [] Addition
NAME	MIRLY, AUTUMN IDEL	_	2.2 NAME			
STREET ADDRESS	601 NORTHEAST 1ST STREE		23 STREET ADDRESS			
CITY-ST-Z-P	POMPANO BEACH FL 33060		2 4 CITY - ST - ZIP			
THE		☐ DELETE	31 TITLE		Chang	a Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-20P TITLE		DELETE	3.4 CITY-SI-ZIP 4.1 TITLE		Chang	e Addition
NAME		Section	4. 2 NAME		Citing Citing	1100.001
STREET ADDRESS			4.2 THUME 4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	······································	☐ Chang	e Addition
NAM8			5.2 NAME		-	
STREET ADDRESS			5.3 STREET ADDRESS			•
CITY-ST-ZIP			54 CITY-ST-ZIP	للمان المنافر المنافر المنافر المنافر المنافر المنافر المنافر		
TifLE	**************************************	☐ DELETE .	61 TITLE	8000020 6 -01/24/97010	hang	e 🔲 Addition
NAME			62 NAME	-U1/24/9(U1U	1405U	
STREET ADORESS			63 STREET ADDRESS	***165.00		
CITY - ST-ZIP			6 4 CITY - ST - ZIP			
	by certily that the information suppl	led with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statul	es. I further certify th	at the

Too hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119-07(0xft), Florida Statutes. Floridar certify that me 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/94 954-943.