FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000073943 (8)

MISTRO TRADING AND CONSULTING, INC.

							J. 38 14 1838 1118 1244	
Principal Place of Business Mailing Address					** * **********************************	I INDINORA NA KANTA SHAFE BANN DONIN BANN DRINY IRROG UKUN DUBER YAKE URBE		
8023 WINGED TALLAHASSEI	P FOOT DRIVE E FL 32312		9023 WINGED FOOT DRIVE TALLAHASSEE FL 32312-4006					
						3. Date Incorporated or Qualified 09/06/1996	3a. Date of Las	1 Report
	Place of Business	2a. Mailing Address				4. FEI Number 59-3400454		Applied For
Suite, Apt.	# 010	26				37-3700704		Not Applicable
22 Suite, Apr.	W, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
City & Stat	le	City & State				6. Election Campaign Financing		Required
23		28				Trust Fund Contribution		00 May Be od to Fees
Zip	Country	7 _{IP}	Coun	try		8. This corporation has liability for		
24	25	29	30			Florida Statutes	Yes No	. D. 7001001,
	9. Name and Address of Curre	nt Registered Agent		·· ·		10. Name and Address of New Re	gistered Agent	
	PITAL CONNECTION, INC.		1	31 1	Varne			
	PE. VIRGINIA ST.		8	82 Street Add		ess (P.O. Box Number is Not Acceptate	ile)	
	E. 1		١,				· ·····	
n TAI	LLAHASSEE FL 32301-1283			13				
			Ē	14 (City		— 85 Z	ip Code
11 Durauant	to the provisions of Sections COZ OF	00 and 007 100 Unida Ota				oration submits this statement for the p	FL °° '	
SIGNATURE	Signature, typed or printed name of registered ag	voolsey			içeature require	d when reinstating)	29/97 DATE	000 0040
TITLE	DOTTICENS AIN	DELFIE	13. 11 lill		T	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	· · · · — — — — — — — — — — — — — — — —
NAME	WOOLSEY, ROLAND	E been	1.2 NAN				L., Oliany	a FT Vogilion
STREET ADORESS	9023 WINGED FOOT DRIVE		1.3 STR		MRESS.			
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY					
TITLE	D	☐ DELETE		2.13111.6			Chang	e Addition
NAME	WALLACE, STEVE	2.21		!E				
STREET ADDRESS	7857 REYNOLDS CT		2.3 S1KI	ET ADI	ORESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		2 4 011	/- \$1- i	np .	-	·	
TITLE	D	L DELETE	3.1 1110		İ		☐ Chang	e Addition
NAME	HAYES, MICHAEL B		3.2 NAM					
STREET ADDRESS	12805 N 52 ST		3.3 STRI					
CITY-ST-ZIP TITLE	TAMPA FL 33817	DELETE	3.4. CIY		(it:		D Chara	a kalanta i
NAME			4 1 111LI 4 2 NAM					e L. Addition
STREET ADDRESS			4.2 NAM 4.3 STRI		unt de			
CITY-ST-ZIP			1		- 1			
TITLE				CITY-ST-ZiP TITLE			Change	e Addition
NAME			5.2 NAM				<u></u>	
STREET ADDRESS			5.3 \$1RE		IRESS			
CITY-ST-ZIP			5.4 CITY		l			
TITLE		DELETE	6,1 YILL				☐ Changi	e 🔲 Addition
NAME	•		. 6.2 NAM	٤				
STREET ADDRESS			635188	en ant	ARE GG			

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 composition 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 12 or Block or on an attachment with an address.

CITY-ST-ZIP

FILED

May 19 1997 8:00am

Secretary of State

A PROPERCY AND LONG CHANGE CARRY COLUMN TO A SERVICE AND A COLUMN TO A COLUMN