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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000094676 (8)

MYRTLE AND ETHEL, INC.

Principal Principal	Place	of	Business

Mailing Address

4934 14TH AVENUE MORTH

FILED Apr 06 1998 8:00am Secretary of State



ST. PETERSBURG FL 33710		ST. PETERSBURG FL 33710			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					10/27/1997
2. Principal Place	of Business	2a. Mailing Address	 		4. FEI Number Applied For
	as abone	26 Same as	clo	15.	RO-3500961 Not Applicable
Suite, Apt. #, e		Suite, Apt. #, etc.		· •	SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intaggible
24	25	29	30		Personal Property Tax due June 30. Yes X No
	Name and Address of Curren				10. Name and Address of New Registered Agent
HALLA	S, CHRISTY		81	Name	° NIA
	4TH AVENUE NORTH		82	Ctract	at Address (P.O. Box Number is Not Acceptable)
	TERSBURG FL 33710		102	Sueer	R Address (P.O. Box Number is Not Acceptable)
VI. 1 C			83	1	
			L	<u> </u>	
			84	City	FL 85 Zip Code
11 Pursuant to th	e provisions of Sections 607.050	2 and 607 1508. Florida Statutes	s the abov	e-named	ed corporation submits this statement for the purpose of changing its registered
office or regis	tered agent, or both, in the State miliar with, and accept the obliga	of Florida. Such change was au	thorized b	y the corp	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	ture, typed or printed name of registered ago		· w · · · · · · ·	ent signature	tre required when reinstaling) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	respont	DELETE	1.1 TITLE	i	President Change Addition
NAME C	callet is year		1.2 NAME		Christy S. Hallas
STREET ADDRESS 49	34 I'm AN MORE	2	1.3 STREE	T ADDRESS	4934 14th Are Novem
	FACKISDIAG, PC 3		1.4 CITY-:	ST - ZIP	Chroty S. Hallas 4934 14th Are North St. Refersiblish (33710)
TITLE		☐ DELETE	2.1 TITLE	j	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
City-ST-ZIP	_		2. 4 CITY -	S1- ZIP	<u> </u>
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	T ADDRESS	
CITY-ST-ZIP			3 4. CITY-	ST-ZIP	
TITLE		☐ DFLETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY - 5		
TITLE	<u> </u>	DELETE	5.1 TITLE)1-ZI/	Change Addition
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS				T ADDRESS	
City-ST-ZIP		DOL EZE	5.4 CITY - 5	ST-ZIP	Chara Little
TITLE		DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	I ADDRESS	
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP	
	About all 1 f all all all all all all all all all a	1 41 1 42 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	41		1 1 0 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0

I 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 informatio 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.