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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000025702

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90043 036 ***150.00

9-MYLES	S, INC.								
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Principal Place of Business Mailing Address									
3802 WINDJAMMER 3802 WINDJAMMER ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095									
31 KUGQSTINL	L FL 32030	SI RUGUSIINE FL 32083				DO NOT W	RITE IN THIS	SPACE	
					3, [Date Incorporated or Qualife		0.7.02	1 -
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2. Principal P	Place of Business	2a, Mailing Address			1	El Number		Ap	plied For
21		26				<u>59-350253 7</u>	,	No	1 Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5.0	Certificate of Status Desired		\$8.75	
22 City & Stat		Chu & Chain					-	Fee Re	··
23	re-	City & State				Election Campaign Financin	° 🗀	\$5.00 Added t	
Zip	Country	Zip	Cou	intry		rust Fund Contribution			D rees
24	25	├ ─ '	30	y		his corporation owes the or Personal Property Tax.	rueur Aear iun	Yes	DH10
	9. Name and Address of Current		<u> </u>			Name and Address of Nev	Registered A		
				81 Name		1111112 mac	7		
WILLIAMS, TOM				82 Street Address (P.O. Box Number is Not Acceptable),					
	CORPORATE WAY			0110.7	1409 1	Box Number is Not Acce	, ste#	: /-B	
UHA	INGE PARK FL 32073			83					
				84 City		<u> </u>		85 Zip C	Code
				OR	Ange	PARK	<u>FL</u>	372	1077 I
11, Pursuant office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of imfamiliar with, and accept the obligation	and 607.1508, Florida Statute: f Florida, Such change was au	s, the al	bove-named of	corporation s	submits this statement for the	e purpose of a	changing its	registered
agent. I a	im familiar with, and accept the obligation	ons of Section 607.0505, Flori	da Stati	utes.	V10401, 0 BOO			101101111 000 100 1	9.0.0704
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SIGNATURE	- OF WWW					3//	7/77		
	Signature, Total or printed name of registered agent a		•	Agent signature re			7/77	D DIRECTO	00 101 42
12.	Signature, Typed or purised name of regissered agent of OFFICERS AND		13.			SUBSTITUTE STORY	DATE OFFICERS AN		RS IN 12
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shell 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, with all other like empowered.

URE REQUIRED