

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S16709 (5)

1. Corporation Name

MISTY OAKS CORP.

Principal Place of Business

4091 PALM AIRE DR. W.
 POMPANO BCH FL 33069
 US

Mailing Address

4091 PALM AIRE DR. W.
 POMPANO BCH FL 33069
 US

FILED
 95 JUL 25 AM 8:30
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1990

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0230663

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

2. Principal Place of Business

21 2600 PALM AIRE DR. N.

2a. Mailing Address

26 2600 PALM AIRE DR N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 POMPANO BEACH, FL

City & State

28 POMPANO BEACH, FL.

Zip Country

24 33069 US

25 US

Zip Country

29 33069

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAMS, LAWRENCE
 5127 POINTE EMERALD LANE
 BOCA RATON 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of person or persons of registered agent and title of corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

NAME

ABRAMS, LAWRENCE

STREET ADDRESS

5127 POINTE EMERALD LANE

CITY, ST, ZIP

BOCA RATON FL

TITLE

DVS

NAME

BOREK, LYDIA

STREET ADDRESS

1280 S POWERLINE RD #15

CITY, ST, ZIP

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (12)(3)(b), Florida Statutes. I further certify that the information included 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:

LAWRENCE ABRAMS
 Signature of Lawrence Abrams

Signature of person or persons of registered agent and title of corporation

7/21/95

Date

305-975-6115

Telephone Number