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

1997
DOCUMENT # S69286

(0)

| MYRTLE Principal Pac 713 EAST MARI SUITE 300 PUNTA GORDA | ION AVENUE | Mailing Address 713 EAST MARION AV SUITE 300 PUNTA GORDA FL 338 | | | |
|---|--|---|---|--|---------------------------------------|
| | | | | Date Incorporated or Qualifie 07/29/1991 | od 3a. Date of Last Report 04/18/1996 |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0284310 | Not Applicable |
| Suite, Apt #, etc 22 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Z₁p | Country | Zip 29 | Country 30 | 8. This corporation has liability to Florida Statutes | for intangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Currer | | 30 | 10. Name and Address of New | |
| TEHI | RANI, MASSOUD B. | | 81 Name | | |
| 713 EAST MARION AVENUE | | | 82 Street A | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | E 300 | | 83 | | |
| PUN | TA GORDA FL 33950 | | [83] | | |
| | | | 84 City | | FL 85 Zip Code |
| office or r agent. Fa SIGNATURE | registered agent, or both, in the State an familiar with, and accept the oblig standard or protections of representations. | of Florida Such change values of, Section 607.050 | vas authorized by the corpost, Florida Statutes. (NOTE: Registered Agent signature r | corporation submits this statement for the oration's board of directors. I hereby ac required when relinetating) | cept the appointment as registered |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO O | FICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | TEHRANI, MASSOUD B. | | 1.2 NAME | | |
| STREET ADDRESS | 713 EAST MARION AVE. 300 PUNTA GORDA FL | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIF | FUNIA GUNDA FL | DELETE | 14 CITY-ST-ZIP 21 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIF | | | 2.4 CITY-ST-ZIP | | |
| TI*LF | | DELETE | | | ☐ Change ☐ Addition |
| NAME | Ì | | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | ļ | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | | | Change Addition |
| NAME | | | 4, 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CHY-SI-ZIF TITLE | | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| NAME | | المالية المالية | 5.2 NAME | | man arrange limit resolution |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY S1-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TILF | | DELETE | | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| OULV OL DE | | | S A CITY ST. 7IP | | |

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 eport 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

941 (639-4211)

FILED

Apr 24 1997 8:00am

Secretary of State

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