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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

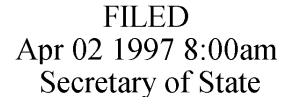
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(2)

TYLER MERRIN MOLIERE CO.

Principal Place of Business

Mailing Address





752 NW 7TH ST. ROAD MIAMI FL 33136		752 NW 7TH ST. ROAD MIAMI FL 33136-3023				
·					3. Date Incorporated or Qualified 04/10/1992	3a. Date of Last Report 03/04/1996
21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0322898	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip . Country 29 30		ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Current	Registered Agent	1001		10. Name and Address of New Re	
	EENFIELD, ARNOLD M.		8	1 Name		
752 MIA		8	2 Street	Address (P.O. Box Number is Not Acceptate	ole)	
			8	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	les, the abo	.Lve-named	f corporation submits this statement for the population's board of directors. I hereby acce	ourpose of changing its registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statut	by the corp as.	poration s poard of directors, it nereby acce	of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	The state of the s	<u> </u>			
12.	OFFICERS AND		13.	gerit signature	e required when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE DIDECTORO IN 40
TOLE	D	DELFTE	1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GREENFIELD, ARNOLD M.		1.2 NAM			•
STREET ADDRESS	762 NW 7TH ST. ROAD		1.3 STRE	1 ADDRESS		
CITY-ST-ZIP	MIAMI FL	······································	1.4 CITY	\$1- 2 IP		
TITLE	VPD Greenfield, ruth W	☐ DELFTE	2.1 TOLE			☐ Change ☐ Addition
NAME	752 NW 7TH ST. ROAD		2.2 NAME			
STREET ADDRESS	MIAMI FL		1	T ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY 3.1 TITLE	- ST - ZIP		Change Addition
NAME	GREENFIELD, CHARLES D.		3.2 NAME			E't onguide E't woonnou
STREET ADDRESS	901 NW NORTH RIVER DR.			1 addréss		
CITY-ST-ZIP	MIAMI FL		3.4 CITY			
TITLE	GREE	☐ DELETE	4.1 TITLE			Change Addition
NAME	NFIELD-MANNING, PRISCILLA		4. 2 NAMI			
STREET ADDRESS	901 NW N RIVER DRIVE		4.3 STREE	1 ADDRESS		•
CITY-ST-ZIP	MIAMI FL	Printe	4.4 CHY-	ST-ZIP		
TITLE		L] DELETE	5 1 1HLE			Change Addition
NAME STREET ADDRESS			5.2 NAME	1.1555255		
CITY-ST-ZIP				1 ADDRESS	•	
TITLE		DETETE	5.4 City - 6.1 Title	21 - ZIF'		Change Addition
NAME		End Privite	6.2 NAME	•	•	THE CHANGE THE WOOKIDE
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
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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 corporation or the receiver or trustee employee of the 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.