

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 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. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V42196

(8)

1. Corporation Name

MISTY OAKS II CORP.

Principal Place of Business

**4091 PALM AIRE DR. W.
POMPANO BEACH FL 33069**

Mailing Address

**4091 PALM AIRE DR. W.
POMPANO BEACH FL 33069**

FILED

95 JUL 25 AM 8 30

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1992

3a. Date of Last Report
10/31/1994

4. FEI Number
65-0343476

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 1280 S. POWERLINE RD.

2a. Mailing Address

26 2600 PALM AIRE DR N.

Suite, Apt. #, etc

22 #5

Suite, Apt. #, etc

27

City & State

23 POMPANO BEACH, FL.

City & State

28 POMPANO BEACH, FL

Zip

24 33069

Country

25 US

Zip

29 33069

Country

30 US

9. Name and Address of Current Registered Agent

**ABRAMS, LAWRENCE
5127 POINTE EMERALD LANE
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and date of registration

Signature, typed or printed name of registered agent and date of registration

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BOREK, LYDIA
STREET ADDRESS	1280 S POWERLINE RD #15
CITY ST ZIP	POMPANO BEACH FL
TITLE	D
NAME	ABRAMS, LAWRENCE
STREET ADDRESS	4091 PALM AIRE DR. W.
CITY ST ZIP	POMPANO BEACH FL 33069
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	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1280 S POWERLINE RD #5
14 CITY ST ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	5127 POINTE EMERALD LANE
24 CITY ST ZIP	BOCA RATON, FL 33486
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 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
Lawrence Abrams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/95
DATE

305-975-6145
Telephone Number

CR2E034 (3/95)