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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V56979

(0)

1. Corporation Name

607 MISTY OAKS LANE, INC.

Principal Place of Business

C/O JAMERSON, SUTTON, & SURLAS, P.A.
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134
US

Mailing Address

C/O JAMERSON, SUTTON, & SURLAS, P.A.
2655 LE JEUNE ROAD, PENTHOUSE II
CORAL GABLES FL 33134-5832
US

3. Date Incorporated or Qualified
08/06/1992

3a. Date of Last Report
08/29/1996

2. Principal Place of Business & Jamerson
21 Sutton Surlas & Mullin LLP

2a. Mailing Address & Jamerson
26 2655 Le Jeune Rd., PH-2

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.
22 2655 Le Jeune Rd., PH-2

Suite, Apt. #, etc.
27 2655 Le Jeune Rd., PH-2

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Coral Gables, FL

City & State
28 Coral Gables, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 33134 25 USA

Zip Country
29 33134 30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMERSON, ROBERT L JR.
2655 LE JEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DPS
STREET ADDRESS BRILLEMBOURG, ELKE
CITY - ST - ZIP % 2655 LE JEUNE ROAD
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME DV
STREET ADDRESS BRILLEMBOURG, RENE
CITY - ST - ZIP % 2655 LE JEUNE ROAD
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME DV
STREET ADDRESS BRILLEMBOURG, DAVID D
CITY - ST - ZIP % 2655 LE JEUNE ROAD
CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/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 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 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:

Signature and typed or printed name of signing officer or director

4/9/97

Date

(305) 899-1000

Daytime Phone #

CR2E034 (9/96)