

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # G19442 (4)**

1. Corporation Name  
**MYRO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business % MACHEN. POWERS 900 AZALEA LANE VERO BEACH FL 32963 US	Mailing Address % MACHEN. POWERS 900 AZALEA LANE VERO BEACH FL 32963 US
---	---

3. Date Incorporated or Qualified  
**01/13/1983**

4. FEI Number  
**59-2289681**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 <b>1070 EGRET LAKE WAY</b> Suite, Apt. #, etc 22 <b>40 S. DESROSNIERS</b> City & State 23 <b>MELBOURNE, FL</b> Zip 24 <b>32940</b>	2a. Mailing Address 26 <b>PO BOX 411099</b> Suite, Apt. #, etc 27 <b>40 S. DESROSNIERS</b> City & State 28 <b>MELBOURNE, FL</b> Zip 29 <b>32940</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
---	--	--------------------------	--------------------------

9. Name and Address of Current Registered Agent

**DISQUE, PHILIP A.**  
**707 S E 3RD AVE SUITE 400**  
**FT. LAUDERDALE FL 33316-8155**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALAS, MYRIAM</b> <b>500 AZALEA LANE</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>DISQUE, PHILIP A</b> <b>707 SE 3RD AVE #400</b> <b>FT LAUDERDALE, FL 00000</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>DESROSNIERS, SHEILA G</b> <b>500 AZALEA LANE</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1070 EGRET LAKE WAY</b> <b>MELBOURNE, FL 32940</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1070 EGRET LAKE WAY</b> <b>MELBOURNE, FL 32940</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 *Sheila G. Desrosiers* 4/29/98 407 242 6646

CR2E034 (10/97)