

4-23-97 B-5233 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 23 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 # 433753 (1)
 1. Corporation Name
MERIDIAN MANAGEMENT CORPORATION

Principal Place of Business: 3304 SAWGRASS VILLAGE CR PONTE VEDRA BCH FL 32082
 Mailing Address: 3304 SAWGRASS VILLAGE CR PONTE VEDRA BCH FL 32082

3. Date incorporated or Qualified: 08/28/1973
 3a. Date of Last Report: 04/15/1996

2. Principal Place of Business: 21 5000 Sawgrass Village Circle
 Suite Apt. #, etc.:
 22 City & State:
 23 Zip: Country:
 24 25
 2a. Mailing Address: 26 5000 Sawgrass Village Circle
 Suite, Apt. #, etc.:
 27 City & State:
 28 Zip: Country:
 29 30

4. FEI Number: 59-1483046
 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

9. Name and Address of Current Registered Agent
SKINNER, HAL
50 N LAURA ST 3300
JACKSONVILLE FL 32201

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, DONIS P	1.2 NAME	
STREET ADDRESS	3304 SAWGRASS VILLAGE CI	1.3 STREET ADDRESS	5000 Sawgrass Village Circle
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE ELLIOTT S	2.2 NAME	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	2.3 STREET ADDRESS	5000 Sawgrass Village Circle
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNFIELD, THOMAS R	3.2 NAME	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	3.3 STREET ADDRESS	5000 Sawgrass Village Circle
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNFIELD, THOMAS R	4.2 NAME	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	4.3 STREET ADDRESS	5000 Sawgrass Village Circle
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: _____ DATE: 4-18-97 DAYTIME PHONE #: (904) 285-3400

CR2E034 (9/96)