

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723564 (1)

1. Corporation Name
MEADOWBROOK E.F.G.H., INC.



Principal Place of Business: 609 NE 14TH AVE HALLANDALE FL 33009
Mailing Address: 609 NE 14TH AVE HALLANDALE FL 33009

3. Date Incorporated or Qualified: 05/31/1972
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Country, Zip, Country

4. FEI Number: 59-1461589
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
**KASHDEN, BEN --
609 NE 14TH AVE --
HALLANDALE, FL 33009 --**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
**TROPICAL PROPERTY MANAGEMENT
8910 MIAMI BEACH PARKWAY SUITE 300
MIAMI, FL 33025**
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Dolores R. Williams* (Signature, typed or printed name of registered agent and title if applicable.)
Dolores R. Williams (NOTE: Registered Agent signature required when reinstating.)
DATE: 3/1/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KASHDEN, BEN	
STREET ADDRESS	609 N.E. 14TH AVE.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DOLORES R.	
STREET ADDRESS	609 NE 14TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HANDELSMAN, RUBY	
STREET ADDRESS	610 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARCHITELLO, ELSIE	
STREET ADDRESS	620 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAMS DOLORES R.	
1.3 STREET ADDRESS	609 NE 14TH AVE. APT 208	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARLAND, G. VD	
2.3 STREET ADDRESS	60 NE 12TH AVE	
2.4 CITY-ST-ZIP	HALLANDALE - FL-33009	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MICELLI MIRIAM	
5.3 STREET ADDRESS	630 NW 12th Ave	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dolores R. Williams* - DOLORES R. WILLIAMS 3/1/96 (305) 456 8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)