

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **723564** (1)  
1. Corporation Name  
**MEADOWBROOK E.F.G.H., INC.**



Principal Place of Business <b>609 NE 14TH AVE HALLANDALE FL 33009</b>	Mailing Address <b>609 NE 14TH AVE HALLANDALE FL 33009-3683</b>
-------------------------------------------------------------------------------	------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>05/31/1972</b>	3a. Date of Last Report <b>03/08/1996</b>
4. FEI Number <b>59-1461589</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> c/o Summit Mgt. Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	<b>27</b> P.O. Box 189013
23 City & State	28 City & State <b>Plantation, FL</b>
24 Zip	29 Zip <b>33318</b>
25 Country	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**TROPICAL PROPERTY MANAGEMENT  
8910 MIRAMAR PKWY.  
SUITE 300  
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent  
**81** Name  
**Summit Prop Mgt**  
**82** Street Address (P.O. Box Number is Not Applicable)  
**4450 West Sunrise Blvd.**  
**83** Suite C-100  
**84** City  
**PLANTATION FL**  
**85** Zip Code  
**33313**

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 *Gail H. Sangunett* **Gail H. Sangunett, V.P. - Administration** 3/24/97  
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, DOLORES R</b>	
STREET ADDRESS	<b>609 NE 14TH AVE, APT 708</b>	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRUENWALD, G.</b>	
STREET ADDRESS	<b>610 NE 12TH AVE</b>	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MICELLI, MIRIAM</b>	
STREET ADDRESS	<b>620 N 12TH AVE</b>	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCHITELLO, ELSIE</b>	
STREET ADDRESS	<b>620 NE 12TH AVE</b>	
CITY - ST - ZIP	<b>HALLANDALE FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Michael S. Micelli</b>
2.3 STREET ADDRESS	<b>609 NE 12th Ave</b>
2.4 CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Miriam Micelli* **Miriam Micelli** Date: **3/24/97** Telephone: **907 488-8711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone 0022596

CR2E037 (9/96)