


FILE NOW: FILING FEE IS \$61.25

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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
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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>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1972</b>		3a. Date of Last Report <b>03/08/1996</b>	
21 Suite, Apt. #, etc.		26 <b>c/o Summit Mgt.</b>		4. FEI Number <b>59-1461589</b>		Applied For Not Applicable	
22 City & State		27 <b>P.O. Box 189013</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>Plantation, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>33318</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
		30 <b>USA</b>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TROPICAL PROPERTY MANAGEMENT</b> <b>8910 MIRAMAR PKWY.</b> <b>SUITE 300</b> <b>MIRAMAR FL 33025</b>				81 Name <b>Summit Prop Mgt</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4450 West Sunrise Blvd.</b>			
				83 Suite C-100			
				84 City <b>PLANTATION FL</b>			
				85 Zip Code <b>33313</b>			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, DOLORES R</b>	1.2 NAME	
STREET ADDRESS	<b>609 NE 14TH AVE, APT 708</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUENWALD, G.</b>	2.2 NAME	<b>NICHOLS, SUE</b>
STREET ADDRESS	<b>610 NE 12TH AVE</b>	2.3 STREET ADDRESS	<b>609 NE 14TH AVE</b>
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	2.4 CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICELLI, MIRIAM</b>	3.2 NAME	
STREET ADDRESS	<b>620 N 12TH AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL 33009</b>	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHITELLO, ELSIE</b>	4.2 NAME	
STREET ADDRESS	<b>620 NE 12TH AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL</b>	4.4 CITY - ST - ZIP	
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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0022596

CR2E037 (9/96)