

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 723564**

1. Corporation Name

MEADOWBROOK E.F.G.H., INC.

PEMBROKE PINES FL 33024-8801

Principal Place of Business SOT NE 14TH AVE HALLANDALE FL 33009

Mailing Address

-609-NE 14TH AVE HALLANDALE FL 33009

## **FILED** Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90138 050 \*\*\*\*61.25

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2. 21	Principal Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 05/31/1972	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	VICE	S,	1NC.         4. FEI Number 59-1461589         Applied For Not Applicable	
23	City & State 9000	SHERINANGSTREET SUI	TE 13	34	5. Certificate of Status Desired ' \$8.75 Additional Fee Required	
24	Zip Country	Zip 30	Coun		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
					Name	
	LANDMARK MANAGEMENT SERVICE INC 9000 SHERIDAN ST.			82	Street Address (P.O. Box Number is Not Acceptable).  LANDMARK MANAGEMENT SERVICES, INC.  LANDMARK MANAGEMENT SUITE 134	
CHITE #146 /24			1	83	CANUMARA MALE LAND STREET SUITE 134	

84 City

11. Pursuant to the provisions of Seatons 017.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 familier with, and except the bligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE HENIGMAN, ANITA 1.2 NAME NAME 619 N.E. 14 AVE 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change [7] DELETE 2.1 TITLE TITLE MICELLI, MIRIAM 2.2 NAME NAME 620 N 12TH AVE 2.3 STREET ADDRESS STREET ADDRES HALLANDALE FL 33009 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE DANIELS, FREIDA 3.2 NAME NAME 620 NE 12 AVE 3.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 34 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP . Addition Change 6.1 TITLE DELETÉ TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CR2E037 (11/98)

Zip Code

85