

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:20

DOCUMENT # 726122 (5)
1. Corporation Name
MEADOWBROOK H-K-L CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
301 N.E. 14TH AVE #507 301 N.E. 14TH AVE #507
C/O LOUIS GAFTMAN C/O LOUIS GAFTMAN
HALLANDALE FL 33009 HALLANDALE FL 33009

3. Date Incorporated or Qualified 04/13/1973 3a. Date of Last Report 03/17/1994
4. FEI Number 59-1446098 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ROSNER, PAULINE
301 N.E. 14TH AVENUE, #107
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name LOUIS GAFTMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 301 NE 14TH AVE APT. 507
84 City HALLANDALE FL 85 Zip Code 33009

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, 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 *Louis Gaftman* DATE 1/16/95

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	FASS, FLORENCE
STREET ADDRESS	320 NE 12TH AVE #401
CITY - ST - ZIP	HALLANDALE FL
TITLE	S
NAME	TYTELL, ARLYNE
STREET ADDRESS	301 NE 14TH AVE #701
CITY - ST - ZIP	HALLANDALE FL
TITLE	PD
NAME	CIOFFI, SIG
STREET ADDRESS	301 NE 14TH AVE #708
CITY - ST - ZIP	HALLANDALE FL
TITLE	VD
NAME	GAFTMAN, LOUIS
STREET ADDRESS	301 NE 14TH AVE #507
CITY - ST - ZIP	HALLANDALE FL
TITLE	D
NAME	CHEVALIER, ROBERT
STREET ADDRESS	320 NE 12TH AVE
CITY - ST - ZIP	HALLANDALE FL
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 change) or on an attachment with an address.

SIGNATURE: *Louis Gaftman* LOUIS GAFTMAN 1/16/95 (305) 456-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #