

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 24 1997 8:00am**  
**Secretary of State**



**NONPROFIT CORPORATION ANNUAL REPORT 1997**

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

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



Principal Place of Business: **301 N.E. 14TH AVE #507 C/O LOUIS GAFTMAN HALLANDALE FL 33009**  
 Mailing Address: **301 N.E. 14TH AVE #507 C/O LOUIS GAFTMAN HALLANDALE FL 33009-7443**

3. Date Incorporated or Qualified: **04/13/1973**  
 3a. Date of Last Report: **03/15/1996**  
 4. FEI Number: **59-1446098**  
 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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24, 25, 29, 30  
 Country: 25, 30

9. Name and Address of Current Registered Agent  
**GAFTMAN, LOUIS**  
**301 NE 14TH AVENUE**  
**APT. 507**  
**HALLEDALE FL 33009**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FASS, FLORENCE</b>	
STREET ADDRESS	<b>320 NE 12TH AVE #401</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TYTELL, ARLYNE</b>	
STREET ADDRESS	<b>301 NE 14TH AVE #701</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOULE, ANDRE</b>	
STREET ADDRESS	<b>319 NE 14TH AVENUE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GAFTMAN, LOUIS</b>	
STREET ADDRESS	<b>301 NE 14TH AVE #507</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHEVALIER, ROBERT</b>	
STREET ADDRESS	<b>320 NE 12TH AVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
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 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 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: *Louis Gaftman* **REQUIRED** Date: **2/15/97**

CPRE037 (9/96)