


2-5-98 1582
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
04/13/1973

4. FEI Number
59-1446098

Applied For	
Not Applicable	

21. Principal Place of Business 319 NE 14TH AVE Suite, Apt. #, etc. 308	22. Mailing Address 319 NE 14TH AVE. Suite, Apt. #, etc. 308
23. City & State HALLANDALE, FL	24. City & State HALLANDALE, FL
25. Zip 33009	26. Country BROWARD
27. Zip 33009	28. Country BROWARD

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

GAFTMAN, LOUIS
301 NE 14TH AVENUE
APT. 507
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name HORVATH, GEORGE
82 Street Address (P.O. Box Number is Not Acceptable) 319 NE 14TH AVE #308
83
84 City HALLANDALE, FL
85 Zip Code 33009

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 *George Horvath* DATE **1/26/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASS, FLORENCE	1.2 NAME	
STREET ADDRESS	320 NE 12TH AVE #401	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYTELL, ARLYNE	2.2 NAME	
STREET ADDRESS	301 NE 14TH AVE #701	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULE, ANDRE	3.2 NAME	VECORA, RICHARD
STREET ADDRESS	319 NE 14TH AVENUE	3.3 STREET ADDRESS	320 NE 12TH AVE #204
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFTMAN, LOUIS	4.2 NAME	HORVATH, GEORGE
STREET ADDRESS	301 NE 14TH AVE #507	4.3 STREET ADDRESS	319 NE 14TH AVE #308
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVALIER, ROBERT	5.2 NAME	
STREET ADDRESS	320 NE 12TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *George Horvath* **SIGNATURE REQUIRED** DATE **1/26/98** (954) 457-8406

CR2E037 (10/97)