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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726122**

1. Corporation Name
MEADOWBROOK I-J-K-L CORPORATION, INC.

417852 - 90178 - 33

Principal Place of Business	Mailing Address
319 NE 14TH AVE SUITE 308 HALLANDALE FL 33009 US	319 NE 14TH AVE SUITE 308 HALLANDALE FL 33009 US

2. Principal Place of Business 21 320 NE 12th Avenue Suite, Apt. #, etc. 22 304 City & State 23 Hallandale, Florida Zip 24 33009 Country 25 U.S.A.	2a. Mailing Address 26 320 NE 12th Avenue Suite, Apt. #, etc. 27 304 City & State 28 Hallandale, Florida Zip 29 33009 Country 30 U.S.A.	3. Date Incorporated or Qualified 04/13/1973 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

9. Name and Address of Current Registered Agent

HORVATH, GEORGE
319 NE 14TH #308
HALLENDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Richard Yecora
82 Street Address (P.O. Box Number is Not Acceptable): 320 NE 12th Avenue, #204
83
84 City: Hallandale FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0503 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: Richard Yecora Richard Yecora – President/Director 4/xx/99
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	TD	☒ DELETE	1.1 TITLE	VICE PRESIDENT | DIRECTOR	☐ Change ☒ Addition
NAME	FASS, FLORENCE		1.2 NAME	JOSEPH HAUCK	
STREET ADDRESS	320 NE 12TH AVE #401		1.3 STREET ADDRESS	301 NE 14th Avenue A 308	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	HALANDALE, FL 33009	
TITLE	S	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	TYTELL, ARLYNE		2.2 NAME		
STREET ADDRESS	301 NE 14TH AVE #701		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	PRESIDENT | DIRECTOR	☒ Change ☐ Addition
NAME	YECORA, RICHARD		3.2 NAME		
STREET ADDRESS	320 NE 12TH AVE #204		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	TREASURER | SECRETARY | DIRECTOR	☐ Change ☒ Addition
NAME	HORVATH, GEORGE		4.2 NAME	300 NE 12th Avenue # 705	
STREET ADDRESS	319 NE 14TH AVE #308		4.3 STREET ADDRESS	ADELA LUCCIONI	
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CHEVALIER, ROBERT		5.2 NAME	TONO NAGY	
STREET ADDRESS	320 NE 12TH AVE		5.3 STREET ADDRESS	319 NE 14th Avenue # 307	
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			6.2 NAME	THERESA ARANZULLO	
STREET ADDRESS			6.3 STREET ADDRESS	300 NE 12th Avenue #108	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HALLANDALE, FL 33009	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Richard Yecora Richard Yecora – President/Director 4/xx/99 (954) 457-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #