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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

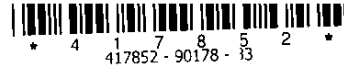
MEADOWBROOK I-J-K-L CORPORATION, INC.

Principal Place of Business

319 NE 14TH AVE
SUITE 308
HALLANDALE FL 33009
US

Mailing Address

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

No. 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
HALLANDALE 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 # 304

83

84 City **HALLANDALE**

FL

85 Zip Code
33009

11. Pursuant to the provisions of Sections 617.0501 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

4/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE

NAME **FASS, FLORENCE**
STREET ADDRESS **320 NE 12TH AVE #401**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **S** ☐ DELETE

NAME **TYTELL, ARLYNE**
STREET ADDRESS **301 NE 14TH AVE #701**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **VD** ☐ DELETE

NAME **YECORA, RICHARD**
STREET ADDRESS **320 NE 12TH AVE #204**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **PD** ☒ DELETE

NAME **HORVATH, GEORGE**
STREET ADDRESS **319 NE 14TH AVE #308**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ DELETE

NAME **CHEVALIER, ROBERT**
STREET ADDRESS **320 NE 12TH AVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT / Director** ☐ Change ☒ Addition

1.2 NAME **JOSEPH HAUCK**
1.3 STREET ADDRESS **301 NE 14th AVENUE A 308**
1.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

2.1 TITLE **Director** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT / Director** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Treasurer / Secretary / Director** ☐ Change ☒ Addition

4.2 NAME **320 NE 12th Avenue # 705**
4.3 STREET ADDRESS **ADELA LUCCIONI**
4.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

5.1 TITLE **Director** ☐ Change ☒ Addition

5.2 NAME **TONO NAGY**
5.3 STREET ADDRESS **319 NE 14th AVENUE # 307**
5.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

6.1 TITLE **Director** ☐ Change ☒ Addition

6.2 NAME **THERESA ARANZULLO**
6.3 STREET ADDRESS **300 NE 12th AVENUE # 108**
6.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

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** **4/22/99** (904) 449-1935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0022606