

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H23177 (9)**

1. Corporation Name  
**ME LICENSING CORPORATION**



Principal Place of Business: **C/O MARKBOROUGH FLORIDA INC. 8709 HUNTER'S GREEN DRIVE TAMPA FL 33647**  
Mailing Address: **C/O MARKBOROUGH FLORIDA INC. 8709 HUNTER'S GREEN DRIVE TAMPA FL 33647**

3. Date Incorporated or Qualified: **09/24/1984** 3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **59-2453729** 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  
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  
State, Apt. #, etc.:  
City & State:  
Zip: Country:

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the current registered agent, if the agent is a natural person.

Signature of the new registered agent, if the agent is a natural person.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	WREN, WILLIAM TWO MILL ROAD WILMINGTON DE	1. TITLE: <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	JONES, MARTIN B. 180 WARDOUR ST. LONDON EN	2. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD	SCHURR, JAMES R. TWO MILL ROAD WILMINGTON DE	3. TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	LEWIS, ALAN M. SUITE 2706 TORONTO DOMINION CENTER TORONTO ON	4. TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	CROFT, IAN D. 65 QUEEN STREET WEST TORONTO ON	5. TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	CORBIN, STUART N. 180 WARDOUR STREET LONDON EN	6. TITLE: <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

*James R. Schurr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Schurr

2/22/96

302-594-4700

CR2E034 (12/95)