

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:54

DOCUMENT # P40769 (2)
1. Corporation Name
THE MEFTAH SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business Mailing Address
999 NINTH STREET, SOUTH SUITE 103
NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1992
3a. Date of Last Report 01/20/1994
4. FEI Number NOT APPLICABLE
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
LANZINGER, BARBARA
REINCO, INC.
999 9TH STREET SO., STE. 103
NAPLES FL 33940

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MEFTAH, MICHAEL, M.D.
STREET ADDRESS 3540 GIN LANE
CITY-ST-ZIP NAPLES FL
TITLE VPD
NAME MEFTAH, PATRICIA M.
STREET ADDRESS 3540 GIN LANE
CITY-ST-ZIP NAPLES FL
TITLE D
NAME PEZESHKAN, F. FRED
STREET ADDRESS 2608 HORSESHOE DRIVE, SOUTH
CITY-ST-ZIP NAPLES FL
TITLE D
NAME WELLS, CURT
STREET ADDRESS 600 5TH AVENUE, S. #101
CITY-ST-ZIP NAPLES FL
TITLE D
NAME LANDI, JAMES
STREET ADDRESS 3251 PINE RIDGE ROAD
CITY-ST-ZIP NAPLES FL
TITLE ST
NAME LANZINGER, BARBARA A.
STREET ADDRESS 108 SABAL LAKE DRIVE
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: _____ DATE: 1/14/95
MICHAEL MEFTAH, President or Director
813-434-6338
Printed Name