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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 340 FIFTH AVE. S. SUITE 200 NAPLES FL 34102 US
Mailing Address: 340 FIFTH AVE. S. SUITE 200 NAPLES FL 34102 US

3. Date Incorporated or Qualified: 09/28/1992
4. FEI Number: 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. 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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LANZINGER, BARBARA, 340 FIFTH AVE. S. SUITE 200, NAPLES FL 34102

10. Name and Address of New Registered Agent (81-85) including Name, Street Address, City, and Zip Code.

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: [Signature] DATE: 2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MEFTAH, MICHAEL, M.D.	1.1 TITLE	
STREET ADDRESS: 3540 GIN LANE		1.2 NAME	
CITY-ST-ZIP: NAPLES FL		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: VPD	MEFTAH, PATRICIA M.	2.1 TITLE	
STREET ADDRESS: 3540 GIN LANE		2.2 NAME	
CITY-ST-ZIP: NAPLES FL		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: D	PEZESHKAN, F. FRED	3.1 TITLE	
STREET ADDRESS: 2806 HORSESHOE DRIVE, SOUTH		3.2 NAME	
CITY-ST-ZIP: NAPLES FL		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE: D	WELLS, GURT	4.1 TITLE	
STREET ADDRESS: 600 5TH AVENUE, S. #101		4.2 NAME	
CITY-ST-ZIP: NAPLES FL		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE: D	LANDI, JAMES	5.1 TITLE	
STREET ADDRESS: 3251 PINE RIDGE ROAD		5.2 NAME	
CITY-ST-ZIP: NAPLES FL		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE: ST	LANZINGER, BARBARA A.	6.1 TITLE	
STREET ADDRESS: 340 FIFTH AVE. S. #200		6.2 NAME	
CITY-ST-ZIP: NAPLES FL 33940		6.3 STREET ADDRESS	
		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: [Signature] Michael Meftah, M.D. 2/13/98 941-434-6338

CRE037 (10/97)