

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DOCUMENT # P93000028173 (1)

1. Corporation Name
MEYER HOLDINGS, INC.

Principal Place of Business: **1555 PALM BEACH LAKES BLVD. SUITE 1510 WEST PALM BEACH FL 33401**

Mailing Address: **222 LAKEVIEW AVE. SUITE 800 W. PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 04/16/1993 | | 3a. Date of Last Report 04/29/1994 | |
| 2. Principal Place of Business 21 Same | | 4. FEI Number 65-0435182 | |
| 2a. Mailing Address 26 Same | | Applied For Not Applicable | |
| Suite, Apt. #, etc. 22 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Country 25 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip 29 | | Country 30 | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BROWN, MORRIS C 222 LAKEVIEW AVE. SUITE 800 WEST PALM BEACH FL 33401-6112 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | 85 Zip Code | |
| | | FL | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
(Signature typed or printed name of registered agent and title of applicant) (Typed Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DPST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCTEVA, JAMES V | 1.2 NAME | |
| STREET ADDRESS | 1555 PALM BEACH LAKES BLVD. SUITE 1510 | 1.3 STREET ADDRESS | |
| CITY ST ZIP | W. PALM BEACH FL 33401 | 1.4 CITY ST ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY ST ZIP | | 2.4 CITY ST ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY ST ZIP | | 6.4 CITY ST ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3-27-95** **407**
(Signature typed or printed name of signing officer or director) Date **686-1008**
(Typed Name & Number)