

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000005541 (4)

1. Corporation Name

RON MEYER ENTERPRISES, INC.



Principal Place of Business

**2540 OHIO AVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**2540 OHIO AVE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MEYER, RONALD
2540 OHIO AVE
ALTAMONTE SPRINGS FL 32714**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, I, the undersigned, do hereby certify that I am a duly qualified and authorized officer or director of the corporation and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute, in connection with the filing of this report.

SIGNATURE

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PVST	MEYER, RONALD E	2540 OHIO AVE	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
D	MEYER, RONALD E	2540 OHIO AVE	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

I, the undersigned, do hereby certify that I am a duly qualified and authorized officer or director of the corporation and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute, in connection with the filing of this report.

Agent signature required when reinstating

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE	6. CHANGE	7. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Ron E Meyer* **RON E MEYER**

RON MEYER PABS 4/26/96 407 682-3770

CR2E034 (12/95)