

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S20558**

1. Corporation Name
MELFOR, INC.



Principal Place of Business: 316 ROYAL POINCIANA PLAZA, PALM BEACH FL 33480
 Mailing Address: 316 ROYAL POINCIANA PLAZA, PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1990**

4. FEI Number: **65-0234539** 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: **CARSON, DONALD W, 316 ROYAL POINCIANA PLAZA, PALM BEACH FL 33480**

10. Name and Address of New Registered Agent:

81 Name	Carson, Donald W.
82 Street Address (P.O. Box Number is Not Acceptable)	340 Royal Poinciana Way
83	Suite 316
84 City	Palm Beach
85 State	FL
Zip Code	33480

11. Pursuant to the provisions of Sections 607.05(2) 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: _____ (NO FE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	340 Royal Poinciana Way <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DANIEL D ESQ	1.2 NAME	Suite 316 CORRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	1.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	340 Royal Poinciana Way <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DONALD W	2.2 NAME	Suite 316 CORRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	340 Royal Poinciana Way <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, OSCAR R	3.2 NAME	Suite 316 CORRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	3.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	4.1 TITLE	340 Royal Poinciana Way <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIMA, JOSE F JR	4.2 NAME	Suite 316 CORRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	4.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	340 Royal Poinciana Way <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	5.2 NAME	Suite 316 CORRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	5.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BCH FL 33480	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	340 Royal Poinciana Way <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOMQUIST, ERIK J	6.2 NAME	Suite 316 CORRECTION
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	6.3 STREET ADDRESS	Palm Beach, FL 33480
CITY-ST-ZIP	PALM BEACH FL 33480	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 607.05(2), 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, with all other like empowered.

SIGNATURE: [Signature] Vice President **3/25/99** 561-655-6303
 DATE: _____ Jaytime Phone # _____

CR2E034 (11/98)