

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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90015 005 ***150.00
 03-12-1999 90015 006 *****8.75



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **S83991**

1. Corporation Name
MEA GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5971 CATTLETRIDGE BLVD
 SUITE 100
 SARASOTA FL 34232
 US

Mailing Address
 5971 CATTLETRIDGE BLVD
 SUITE 100
 SARASOTA FL 34232
 US

3. Date Incorporated or Qualified
09/30/1991

4. FEI Number
65-0287818

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

RUBINO, GEORGE
 5971 CATTLETRIDGE BLVD
 SUITE 100
 SARASOTA FL 34232

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 *George Rubino* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUBINO, GEORGE	
STREET ADDRESS	3859-BEE RIDGE ROAD 5971 CATTLETRIDGE BLVD SUITE 100	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAKOS, WILLIAM J.	
STREET ADDRESS	12450 PERRY HIGHWAY 5971 CATTLETRIDGE BLVD SUITE 100	
CITY-ST-ZIP	WEXFORD PA SARASOTA 34232	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, STEVEN W.	
STREET ADDRESS	12450 PERRY HIGHWAY 5971 CATTLETRIDGE BLVD SUITE 100	
CITY-ST-ZIP	WEXFORD PA SARASOTA 34232	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RHODES, RALPH J.	
STREET ADDRESS	3859 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PATTERSON, LINDA H.	
STREET ADDRESS	5971 CATTLETRIDGE BLVD, SUITE 100	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAMES BURCHETTE	
STREET ADDRESS	5971 CATTLETRIDGE BLVD. SUITE 100	
CITY-ST-ZIP	SARASOTA FL 34232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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: *Linda H. Patterson* LINDA H. PATTERSON 1/21/99(94)342-6321 x215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)