

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90178 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000071194

1. Corporation Name
 TW OAKS MERIDIAN, INC.



Principal Place of Business Mailing Address
 7120 S BENEVA ROAD 7120 S BENEVA ROAD
 SARASOTA FL 34238-2850 SARASOTA FL 34238-2850

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0958920	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD, STE 600 WEST PALM BEACH FL 33401				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHERRY, RICHARD G 1665 PALM BEACH LAKES BLVD, STE 600 WEST PALM BEACH FL 33401				81 Name			
				Peshkin, John R.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				7120 S. Beneva Rd			
				83			
				84 City			
				Sarasota			
				FL			
				85 Code			
				34238			

11. Pursuant to the provisions of Sections 607.0505 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: John R. Peshkin DATE: 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PESHKIN, JOHN R			1.2 NAME			
STREET ADDRESS	7120 S BENEVA ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34238-2850			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	TID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLAYTON, KATHRYN B			2.2 NAME			
STREET ADDRESS	7120 S BENEVA ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34238-2850			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	VIS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Ivin, David T.		
STREET ADDRESS				3.3 STREET ADDRESS	7120 S. Beneva Rd		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Sarasota, FL 34238		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: John R. Peshkin DATE: 4/21/99
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)