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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

MEYER SALES SERVICE, INC.

9901 N W 79TH AVE HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016						i						•	
									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualifed 02/02/1957		-		
2. Principal Place of Business				. Mailing Address		_		4. FEI Number		A	applied For		
21							59-0798759				lot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.	. T	e, e, establica	- A	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23						Trust Fund Contribution			J 	Added	to Fees		
Zip							ountry 8. Thi		8. This corporation owes the current			_	
24	25		29		30				Personal Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent					_	10. Name and Address of New Regi				stered A	gent		
MENUES INC.						81	Name					ļ	
MEYER, JOEL L.						82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
1234 JASMINE CIRCLE													
FT. LAUDERDALE FL 33326						83							
•						84	City	85 Zip Code					
									. <u></u> , <u></u>	F <u>L</u>	Ι'.		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12. OFFICERS AND DIRECTORS									ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECT	ORS IN 12	
TITLE	ST DELETE					1,1 TITLE			*		☐ Change	Addition	
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1.2 NAME							
STREET ADDRESS	7620 SW 149TH ST					1.3 STREET ADDRESS						{	
CITY-ST-ZIP	MIAMI, FL 00000					1.4 CITY-ST-ZIP					==		
TITLE	P			☐ DELETE	2	2.1 TITLE					Change	Addition	
NAME	MEYER, JO				1	2.2 NAME						Ì	
STREET ADDRESS	1234 JASMINE CIRCLE					2.3 STREET ADDRESS		}				1	
CITY-ST-ZIP*	FTLAUDEF	RDALE FL		-,	- 2	2. 4 CITY-5	T-ZIP						
TITLE .	_			☐ DELETE	3	3.1 TITLE					☐ Change	e Addition	
NAME					3	3.2 NAME							
STREET ADDRESS						3.3 STREET ADDRESS							
CITY-ST-ZIP	<u>-</u>					3.4. CITY-S	T-ZIP	-			□ Chor=	Addition	
TITLE				☐ DELETE	4	I.1 TITLE					Change	- Maginon	

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 eath; 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 ment with an address, with all other like empowered.

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

(305) 822-8/00

Change

Change

Addition

Addition

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90043 045 ***150.00