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Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 326421 (5)

1. Corporation Name  
MEWS SOUTH INC

Principal Place of Business  
6833 NORTH OCEAN BOULEVARD  
OCEAN RIDGE FL 33435

Mailing Address  
6833 NORTH OCEAN BOULEVARD  
OCEAN RIDGE FL 33435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1968	
21		26		4. FEI Number 59-1286220	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

FARR, MARY LOU  
6849 N. OCEAN BLVD.  
OCEAN RIDGE FL 33435

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 *Mary Lou Farr* MARY LOU FARR 3/23/98  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	
NAME	MILES, A. STEVENS	1.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CONNOLLY, FRANK MRS.	2.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	FARR, MARY LOU	3.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MACKECHNIE, ANDRES	4.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	SULLIVAN, ROBERT	5.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	NOLTE, H.R.	6.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	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.

SIGNATURE: *Mary Lou Farr* MARY LOU FARR 3/23/98 361-737-6770

CR2E034 (10/97)