

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 388536 (5)**  
 1. Corporation Name  
**MARK B. MEYER ASSOCIATES, INC.**



Principal Place of Business <b>4390 WEST ROADS DRIVE                  WEST PALM BEACH FL 33407                  US</b>	Mailing Address <b>P.O. BOX 220506                  WEST PALM BEACH FL 33417                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/20/1971	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1371277	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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			
<b>FRENCH, THOMAS W.                  1111 GREEN PINE BLVD., APT 3                  WEST PALM BCH FL 33409 22477</b>				81 Name <b>French, Thomas W.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2822 White Trout Lane</b> 83 84 City <b>West Palm Beach</b> <b>FL</b> 85 Zip Code <b>33411</b>			

11. Pursuant to the provisions of Sections 607.0802 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 \_\_\_\_\_ (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, THOMAS W.</b>	1.2 NAME	<b>French, Thomas W.</b>
STREET ADDRESS	<b>1111 GREEN PINE BLVD A3</b>	1.3 STREET ADDRESS	<b>2822 White Trout Lane</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33411</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENCH, THOMAS W., JR.</b>	2.2 NAME	<b>French, Thomas W., Jr.</b>
STREET ADDRESS	<b>5580 WOOD DOCK COURT</b>	2.3 STREET ADDRESS	<b>1795 Locust St.</b>
CITY-ST-ZIP	<b>SHOREVIEW MN</b>	2.4 CITY-ST-ZIP	<b>Denver, CO. 80220</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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, as an attachment with an address.

SIGNATURE: Thomas W. French 2/11/98 561-848-2211

CP2E034 (10/97)