SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # **464306** **(0)**

1. Corporation Name

MEADOWBROOK LAKES SECTION "A" RECREATION CENTER, INC.

Principal Place of Business	Mailing Address
1025 SE SECOND AVE DANIA FL 33004 201 SE 11 Terr Dania Fl 33004	1025 SE SECOND AVE DANIA FL 33004 201 SE 11 Ter Dania Fl 33004

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

3. Date Incorporated or Qualified 10/30/1974	3a. Date of Last Report 04/10/1995
4. FEI Number 59-1613536	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

JACOBUS, WALTER
1025 S.E. SECOND AVENUE
BLDG. 1, APT. 107
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name: Henry Levinson
82 Street Address (P.O. Box Number is Not Acceptable): 201 SE 11th Terr
83: Bldg 5 Apt 202
84 City: Dania FL 85 Zip Code: 33004

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: Henry Levinson
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	T	☒ DELETE	1.1 TITLE	T-D-P#	☒ Change ☐ Addition
NAME	JACOBUS, DR. WALTER		1.2 NAME	Henry Levinson	
STREET ADDRESS	1025 SE 2ND AVENUE		1.3 STREET ADDRESS	201 SE 11th Terr	
CITY-ST-ZIP	DANIA, FL 00060		1.4 CITY-ST-ZIP	Dania Fl 33004	
TITLE	D	☐ DELETE	2.1 TITLE	20000189316 2	☐ Change ☐ Addition
NAME	LANE, CLAYTON		2.2 NAME	-07/15/96--01014--009	
STREET ADDRESS	205 SE 11 TERR.		2.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP	DANIA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PS	☒ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME	LEVINSON, HENRY		3.2 NAME	M. Vendetti	
STREET ADDRESS	201 S.E. 11TH TERRACE		3.3 STREET ADDRESS	1025 SE 2nd Ave	
CITY-ST-ZIP	DANIA, FL 00000		3.4 CITY-ST-ZIP	Dania Fl. 33004	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	MATYAS, SAM		4.2 NAME	E. Melendez	
STREET ADDRESS	202 SE 10 ST.		4.3 STREET ADDRESS	1025 SE 2nd Av	
CITY-ST-ZIP	DANIA FL		4.4 CITY-ST-ZIP	Dania Fl 33004	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	HEXTER, JACK		5.2 NAME	L. Leger	
STREET ADDRESS	1025 SE 2ND AVE.		5.3 STREET ADDRESS	202 SE 10 th St	
CITY-ST-ZIP	DANIA FL		5.4 CITY-ST-ZIP	Dania Fl 33004	
TITLE	D	☒ DELETE	6.1 TITLE	Sec.	☒ Change ☐ Addition
NAME	TOSTOS, AUREA		6.2 NAME	Tosto. Aurea	
STREET ADDRESS	206 SE 10TH ST., #305		6.3 STREET ADDRESS	206 SE 10 th St	
CITY-ST-ZIP	DANIA FL		6.4 CITY-ST-ZIP	Dania Fl 33004	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry Levinson July 3, '96 954-925-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Henry Levinson, President CS 7/15/96