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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **614113** (9)

1. Corporation Name

MEYER SERVICES INC.

Principal Place of Business

**2999 NE 191ST ST
STE 603
N MIAMI BEACH FL 33180
US**

Mailing Address

**2999 NE 191ST ST
STE 603
N MIAMI BEACH FL 33180-3116
US**

3. Date Incorporated or Qualified

03/20/1979

3a. Date of Last Report

04/08/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

STE. 402

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

STE 402

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CATLIN, H. JAMES, JR.
169 EAST FLAGLER ST.
816 ALFRED I. DUPONT BLDG.
MIAMI FL 33131**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**MEYER, ARNOLD R
19707 TURNBERRY WAY 22AB
N MIAMI BCH, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**MEYER, ARNOLD R
19707 TURNBERRY WAY 22AB
N MIAMI BCH, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**MEYER, ROSELYN
19707 TURNBERRY WAY 22AB
N MIAMI BCH, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0246741

CR2E034 (9/96)