


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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 638968 1. Corporation Name Meadow Real Estate, Inc					
Principal Place of Business 6020 E. 3RD Ave Unit #1 New Smyrna Bch, FL 32169			Mailing Address 6020 E. 3RD Ave Unit #1 New Smyrna Bch, FL 32169		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/08/1979 3a. Date of Last Report 05/09/1996 4. FEI Number 59-1963862 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Coleman, Dorothy F. 1818 Pioneer Trail New Smyrna Bch, FL 32168			10. Name and Address of New Registered Agent 81 Name Vazquez, BARBARA T. 82 Street Address (P.O. Box Number is Not Acceptable) 2275 Deerwood Dr 83 New Smyrna Bch, FL 32168 84 City New Smyrna Bch, FL 85 Zip Code 32168		
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 Barbara Vazquez Barbara Vazquez President DATE					
12. OFFICERS AND DIRECTORS 11 TITLE STD <input checked="" type="checkbox"/> DELETE NAME COLEMAN, JAMES DANIEL STREET ADDRESS 6020 E. 3RD AVE CITY-ST-ZIP NEW SMYRNA BCH, FL 21 TITLE PD <input checked="" type="checkbox"/> DELETE NAME COLEMAN, DOROTHY F. STREET ADDRESS 6020 E. 3RD AVE CITY-ST-ZIP NEW SMYRNA BCH, FL 22 TITLE VD <input checked="" type="checkbox"/> DELETE NAME COLEMAN, JAMES DANIEL STREET ADDRESS 6020 E. 3RD AVE CITY-ST-ZIP NEW SMYRNA BCH, FL 23 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 24 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 25 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VAZQUEZ, BARBARA T. 12 STREET ADDRESS 2275 DEERWOOD DR 13 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168 14 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VAZQUEZ, BARBARA T. 21 STREET ADDRESS 2275 DEERWOOD DR 22 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168 23 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VAZQUEZ, BARBARA T. 31 STREET ADDRESS 2275 DEERWOOD DR 32 CITY-ST-ZIP NEW SMYRNA BCH, FL 32168 33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 34 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 35 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 36 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 38 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 39 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 40 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 42 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 43 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 44 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 46 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 47 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 48 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 50 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 Barbara Vazquez Barbara Vazquez DATE 4/2/97 904-427-8321 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E034 (9/96)