

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90011 007 ***158.75



DOCUMENT # 638968
1. Corporation Name
MEADOW REAL ESTATE, INC.

Principal Place of Business
620 E 3RD AVE
UNIT #1
NEW SMYRNA BEACH FL 32169
US

Mailing Address
620 E 3RD AVE
UNIT #1
NEW SMYRNA BEACH FL 32169
US

2. Principal Place of Business
21 216 Flagler Avenue
Suite, Apt. #, etc.
22
City & State
23 New Smyrna Beach, FL
Zip
24 32169
Country
25 USA

2a. Mailing Address
26 216 Flagler Avenue
Suite, Apt. #, etc.
27
City & State
28 New Smyrna Beach, FL
Zip
29 32169
Country
30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1979

4. FEI Number
59-1963862

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
VAZQUEZ, BARBARA T.
2275 DEERWOOD DR
NEW SMYRNA BCH FL 32168

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
71 Lake Fairgreen Circle

83

84 City
New Smyrna Beach 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, JOHN G.	1.2 NAME	
STREET ADDRESS	2275 DEERWOOD DR	1.3 STREET ADDRESS	71 Lake Fairgreen Circle
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, BARBARA T	2.2 NAME	
STREET ADDRESS	2275 DEERWOOD DR	2.3 STREET ADDRESS	" "
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, BARBARA T	3.2 NAME	
STREET ADDRESS	2275 DEERWOOD DR	3.3 STREET ADDRESS	" "
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara T. Vazquez Date: 01/19/99 Daytime Phone #: 904-427-8381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)