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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 647172 (6)
1. Corporation Name
MELD, INC.

Principal Place of Business Mailing Address
2200 PARK CENTRAL BLVD.,N. 2200 PARK CENTRAL BLVD.,N.
SUITE 100 SUITE 100
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1979
4. FEI Number
59-1966193
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
1916 SOUTH CENTRAL AVE
LAKELAND FL 33803

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 VPD ☐ DELETE
NAME KOCH, ALLAN J
STREET ADDRESS 2200 PARK CENTRAL BLVD,N
CITY-ST-ZIP POMPANO BCH, FL 33064 33064
TITLE PD ☐ DELETE
NAME CUMMING, JAMES D
STREET ADDRESS 2200 PARK CENTRAL BLVD,N
CITY-ST-ZIP POMPANO BCH, FL 33064
TITLE DST ☐ DELETE
NAME MOHAMED, ISHMAEL S.
STREET ADDRESS 2200 PARK CENTRAL BLVD,N
CITY-ST-ZIP POMPANO BCH, FL 33064
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME TREASURER
4.3 STREET ADDRESS WILLIAMSON, DAVID L.
4.4 CITY-ST-ZIP 2200 PARK CENTRAL BLVD, N
POMPANO BCH, FL 33064
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(f), 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:

David L. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/98 (954) 974-2200
Date
Office Phone # 0153243

CR2E034 (10/97)