COF ANNL	LE NOW: FILING FEE PROFIT PORATION JAL REPORT 1997	FLORIDA DE Sanda Sec	PARTMENT OF STATE <b>a B. Mortham</b> retary of State DF CORPORATIONS	Apr 16 19 Secretar		
DOCUMENT # 695121 (4) T. Corporation Name MESH-A-GOSH, INC.						
Principal Place C/O BARRY R 20190 N.E. 15T NORTH MIAMI	отн	Mailing Address C/O BARRY ROTH 20190 N.E. 15TH COU NORTH MIAMI BEACH				
				3. Date Incorporated or Qualified 07/17/1981	3a. Date of Last Rep 04/12/1996	port
<ol> <li>Principal Pi</li> <li>1</li> </ol>	lace of Business	28. Mailing Address		4. FEI Number 59-2106255	ستنجف سيهجد سنجا	lied For Applicable
Suite Apt.	#. etc.	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	S8.75 Ac	
City & State	é	City & State	······································	6. Election Campaign Financing	\$5.00 M	May Be
3] Zqp	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax under s.	
4	25 9. Name and Address of Curre	29 ent Registered Agent	[30]	Florida Statutes 10, Name and Address of New Re	Yes No	····
	H, BARRY		81 Name			
	90 N.E. 15TH COURT RTH MIAMI BEACH FL 33179		82. Street Add	Iress (P.O. Box Number is Not Acceptal	ole)	
			83			
			84 City		FL 85 Zip C	ode
<ol> <li>Pursuant office or n agent. La</li> </ol>	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change w gations of, Section 607.0505	as authorized by the corpora Florida Statutes.	ation's board of directors. I hereby acce	pt the appointment as n	egistered
11. Pursuant office or n agont. La SIGNATURE 12. NILE NAME	Signature, typed or pursed harmoni of registered a OFFICERS A P ROTH, BARRY		(NOTE: Registered Agent signature requ	poration submits this statement for the p allon's board of directors. I hereby accel uired when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS	6 IN 12
SIGNATURE <b>12.</b> NITE NAME SIFEET ADDRESS	Signature: type of or purified narrow of regretered a OFFICERS A P ROTH, BARRY 29190 NE 15TH CT.	gent and the it applicable ND DIRECTORS	INOTE: Registered Agent signature required agent signature required agent signature required agent and agent	lined when reinstating)	DATE CERS AND DIRECTORS	6 IN 12
SIGNATURE 12. Tite NAME SIFEET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of partied harmo of regelered a OFFICERS A P ROTH, BARRY 29190 NE 15TH CT. N. MIAMI BCH. FL D	gent and the it applicable ND DIRECTORS	INOTE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE	lined when reinstating)	DATE CERS AND DIRECTORS	S IN 12
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