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Feb 08, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706790

1. Corporation Name

835 MERIDIAN INC

Principal Place of Business

835 MERIDIAN AVE.
UNITS 1-12
MIAMI BEACH FL 33139
US

Mailing Address

835 MERIDIAN AVE
UNIT #11
MIAMI BEACH FL 33139



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/04/1964
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution ☐
24	29	30

9. Name and Address of Current Registered Agent

DOVIDO, DAVID
835 MERIDIAN AVE #11
MIAMI BEACH FL 33139

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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOVIDO, DAVID	1.2 NAME	
STREET ADDRESS	835 MERIDIAN, #11	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, DIANE	2.2 NAME	
STREET ADDRESS	835 MERIDIAN AVE. #11	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLEMERS, PIA	3.2 NAME	
STREET ADDRESS	3009 DAY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 617, 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 *Do Dovidio* SIGNATURE *PIA CLEMERS*

1/9/99

305/43-685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)