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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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1. Corporation	n Name	10002	. ,	(5)	,									
TRUST	TEES OF MEA	SE HOSPITA	L, INC.											
Principal Place	e of Business		Maili	ing Address									 	OIDII OIDII IADI
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801 MAIN STREET BUNEOIN FL 34698 DUNEOIN FL 34698							3. Date Incor		Qualified					
POINT PROFIT OF			, , , , , , , , , , , , , , , , , , ,	2011112 01000				-	4. FEI Number	<u>2/1965</u>				N 0' 1 F
										355412				Applied For Not Applicabl
Principal Place of Business			2a. N	dailing Address	s				5. Certificate		esired		+	Additional
			26	Suite, Apt. #, etc.				Fee Required						
Suite, Apt.	₩, Θ (C.		27	suite, Apt. W, et	ic.		•		6. Election Ca	ampaign Fir Contributio	_			May Be to Fees
City & State	<u> </u>			City & State					7. Is this non					
			28	·					** ** ***	p. 0 00. po.] No	
Zip	C	Country	Z	Ž ip		Country	,		8. This corpo	ration owes	or has p	aid the cur	rent year I	ntangible
<u></u>	26		29			30				roperty Tax				□ No
	9. Name and	Address of Curre	nt Register	red Agent					10. Name and	Address o	f New Re	egistered /	Agent	
						81	Name							
	HAMP, PHILIP K	,				62	Street	Addres	s (P.O. Box Nu	mber is Not	Accepta	ble)		
	IN STREET					83								
6TH FLO						63								
DUNEU	N FL 34 89 8					84	City					FL	85 Zi	Code
									- a'	:4-4				ite registerer
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SIGNATURE .		ed name of registered ag	gent and title if a	applicable	(NOTE:	Registered Age			when reinstaling)			DATE		PRS IN 12
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powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

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May 08 1998 8:00am

Secretary of State