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FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 737277 (4)

1. Corporation Name

MEDITATION UNLIMITED, INC.

Principal Place of Business

Mailing Address

18022 SW 88TH PL  
MIAMI FL 33157  
US

18022 SW 88TH PL  
MIAMI FL 33157-5968  
US



3. Date Incorporated or Qualified  
11/09/1976

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 6307 WAXMYRTLE CIRCLE

6307 WAXMYRTLE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMARAC, FL.

28 FL.

24 Zip

25 Country

29 Zip

30 Country

33319

Broward

33319

Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DARLENE MARTIN  
10922 SW 88 PLACE  
MIAMI FL 33157~~

81 Name DOTTIE RAPPAPORT

82 Street Address (P.O. Box Number is Not Acceptable)

6307 WAXMYRTLE CIRCLE

83

84 City

TAMARAC

FL

85 Zip Code

33319

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

*Dottie Rappaport*

*May 12, 1997*

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 DVP ☐ DELETE

NAME TORLONE, DOROTHY  
STREET ADDRESS 50 NW 198TH ST.  
CITY-ST-ZIP MIAMI FL 33369

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME RAPPAPORT, DOTTIE PIKE  
STREET ADDRESS 6307 W. WAXMYRTLE CR.  
CITY-ST-ZIP TAMARAC FL 33319

1.2 NAME ☐ Change ☐ Addition

TITLE ~~ST~~ ☒ DELETE

NAME ~~MARTIN, DARLENE~~  
STREET ADDRESS ~~10922 SW 88TH PL.~~  
CITY-ST-ZIP ~~MIAMI FL 33157~~

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME HALL, BILL  
STREET ADDRESS 1720 N. 22ND AVE.  
CITY-ST-ZIP HOLLYWOOD FL 33020

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 TITLE ☐ Change ☐ Addition

2.6 NAME ☐ Change ☐ Addition

2.7 STREET ADDRESS ☐ Change ☐ Addition

2.8 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE *Dottie Rappaport*

CR2E037 (9/96)