

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 19 1998 8:00am
Secretary of State

0006516

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737277

(4)

1. Corporation Name

MEDITATION UNLIMITED, INC.

Principal Place of Business

Mailing Address

6307 WAX MYRTLE CIRCLE
TAMARAC FL 33319
US

6307 WAX MYRTLE CIR
TAMARAC FL 33319
US

3. Date Incorporated or Qualified

11/09/1976

4. FEI Number

59-1754182

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 50 N.W. 198 ST.

26 50 N.W. 198 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI, FLORIDA

Zip

24 33169

Country

25 USA

Zip

29 33169

Country

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPPAPORT, DOTTIE
6307 WAX MYRTLE CIRCLE
TAMARAC FL 33319
33319

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	TORLONE, DOROTHY	
STREET ADDRESS	50 NW 198TH ST.	
CITY-ST-ZIP	MIAMI FL 33369	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAPPAPORT, DOTTIE PIKE	
STREET ADDRESS	6307 W. WAXMYRTLE CR.	
CITY-ST-ZIP	TAMARAC FL 33319	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAPPAPORT, DOTTIE	
STREET ADDRESS	6307 WAX MYRTLE CIR	
CITY-ST-ZIP	TAMARAC FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HALL, BILL	
STREET ADDRESS	1720 N. 22ND AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOROTHY TORLONE	
1.3 STREET ADDRESS	50 NW 198TH ST.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33369	

2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILL HALL	
2.3 STREET ADDRESS	1720 N. 22ND AVE.	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOTTIE RAPPAPORT 8/8/98 954-735-9229

Date

Daytime Phone #

CR2E037 (5/98)