FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F47112** **(0)**

1. Corporation Name

MEADOW WOOD PROPERTY COMPANY

Principal Place of Business	Mailing Address
C/O THE MEADOW WOO COMPANIES 200 S. HOOVER BLVD., [redacted] TAMPA FL 33609 US	C/O THE MEADOW WOOD COMPANIES 200 S. HOOVER BLVD. [redacted] TAMPA FL 33609 US

3. Date Incorporated or Qualified: 10/02/1981
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O MEADOW WOOD COMPANIES	26 SAME
Suite, Apt. #, etc. 22 200 S. HOOVER BLVD #201-110	Suite, Apt. #, etc. 27 200 S. HOOVER BLVD #201-110
City & State 23 TAMPA, FLA	City & State 28 SAME
Zip / Country 24 33609 / 25 HILLS.	Zip / Country 29 SAME / 30 SAME

4. FEI Number: 59-2119711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORBOM, BENJAMIN E 200 S. HOOVER BLVD., STE ~~210 000~~ 201-110 TAMPA FL 33609	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	NORBOM, BENJAMIN E	1.2 NAME	
STREET ADDRESS	200 S. HOOVER BLVD., STE. ~~210 000~~	1.3 STREET ADDRESS	CHANGE SUITE # TO #201-110
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	~~D~~VP ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROSEWASSER, MARC	2.2 NAME	DELETE AS DIRECTOR, LEAVE AS V.P.
STREET ADDRESS	200 S. HOOVER BLVD., STE. ~~210 000~~	2.3 STREET ADDRESS	CHANGE SUITE TO #201-110
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marc Rosewasser V.P. 4-17-96 813-289-2900 x105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #