- FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47112

(0)

MEADOW WOOD PROPERTY COMPANY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 26 PM 2: 54



Principal Place of Bus	siness	Mailing Address	Mailing Address				- -				
C/O MEADOW WOOD COMPANIES 200 S/JHOOVER BLVD SUITE 201-110 TAMPA TL 33609		C/O THE MEADOW WOOD COMPANIES 200 S. HOOVER BLVD. SUITE 210-110 TAMPA FL 33609-3540 US									
US					-	3. Date Incorporated or Qualified			eport		
2. Principal Place of t	Business	2a. Mailing Address					4. FEI Number			plied For	
21		26					<u>59-2119711</u>			ot Applicable	
	R BUID "201-110	Suite, Apt. #, etc. 27 200 S. WC	wer be	4D	*Z01	-110	5. Certificate of Status Desired		Fee Re	Additional equired	
City & State		28				6. Election Campaign Financing			May Be		
Z ip	Country	Zip Countr			 .		Trust Fund Contribution		Added		
24	25	29	30	550.My		1	8. This corporation has liability for intangible tax under s. 199.03. Florida Statutes			. 199,032,	
	ame and Address of Current					I.	10. Name and Address of New Registered Agent				
NORBOM, BENJAMIN E											
200 S. HOOVER BLVD., STE 210 200 201-110					Street	Address	s (P.O. Box Number is Not Accept	able)	<u> </u>		
TAMPA FL		82 Street Add				24.000 (i. to. Dok Hallison is for absorbasis)					
				83							
				84	City				85 Zip	Code	
								<u> </u>			
11. Pursuant to the p	revisions of Sections 607.0502	2 arıd 607.1508, Florida St of Florida, Such change w	atutes, the a	bov	e-named	d corpora	ation submits this statement for the o's board of directors. I hereby acc	purpose of	i changing it	ls registered	
agent I am famili	ar with, and accept the obliga	tions of, Section 607.0505	, Florida Sta	itute	s.	poration	18 Board of directors. Thorotty dec		On the right and	109/8/0700	
SIGNATURE											
Signature 12.	typed or printed name of registered ager. OFFICERS AND		(NOTE Register	ed Ag	ent signatur	e required t	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	PS IN 12	
TITLE DP	OF TOLING AND		DELETE 1.1 TITLE			T	ADDITIONS/OFFARGES TO OFF	IOLIIO AIIL	Change	Addition	
		•	1.2 NAME								
	BOM, BENJAMIN E S. HOOVER BLVD, SUITE :	201-110	1.3 STRE								
CITY-ST-ZIP TAM		1.4 CITY-S1-Z									
TITLE DVP	T1) 1 L 0000	DELETE		ITLE	31 - ZIF	 			Change	Addition	
	EWASSER MARC					MAD	hac rosenwasser				
	S. HOOVER BLVD. SUITE	201-110			ADDRESS	1,146	~ ~~OENWISSEIC	Corre	(Cornect Stemme)		
CITY-ST-ZIP TAMI				2, 4 CITY - ST - ZIP				(
1171.6		DELETE		FILE	<u> </u>	†		·····	Change		
NAME			3.2		3.2 NAME		200002	129	312	9	
STREET ADDRESS			3.3 9	3.3 STREET ADDR			-03/3	/970)1168	007	
City - ST - ZiP	_		3.4 CITY-ST-ZIP				***23	30.00	**** <u></u>	65.00	
TITLE	DELETE			4.1 TITLE					Change	Addition	
NAME			4.2	NAME							
STREET ADDRESS			4.3 5	STREE	T ADDRESS		•				
CITY - S1 - ZiP			4.4 (CITY-	ST-ZIP	ļ			· part		
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NAMÉ			5.21	NAME							
STREET ADDRESS			5.3 5	STREE	t address	Į					
CITY-ST-7IP					ST-ZIP	ļ			110		
TITLE		☐ DELETE		TITLE					Change	Addition	
NAME			1	NAME.						.	
STHEEL ACORESS				STREE	1 ADDRESS		16500 KWM				
CITY-ST-7IP				6 4 CITY-SY-ZIP			TWIN THE STATE OF				

I. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or of an attachment with an address.

SIGNATURE:

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

813-289-2900

Daytime Prione #