

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY - 1 AM 5: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**INCORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000002991 (7)

1. Corporation Name

MEADOWBROOK-RICHMAN, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report
4. FEI Number 13-2937546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
369 LEXINGTON AVENUE NEW YORK NY 10017		369 LEXINGTON AVENUE NEW YORK NY 10017	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
Country	Country	29	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL COPORATION SYSTEM, INC.
1201 HAYES STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, BENJAMIN S	12 NAME	
STREET ADDRESS	369 LEXINGTON AVENUE	13 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	14 CITY- ST- ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WENDY	22 NAME	
STREET ADDRESS	369 LEXINGTON AVENUE	23 STREET ADDRESS	200001484322
CITY- ST- ZIP	NEW YORK NY	24 CITY- ST- ZIP	-05/11/95--01080--003
TITLE	V	31 TITLE	****200.00 ****200.00
NAME	VALENTINO, ROBERT J	32 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	369 LEXINGTON AVENUE	33 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	34 CITY- ST- ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, SANDRA	42 NAME	
STREET ADDRESS	369 LEXINGTON AVENUE	43 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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 119.03(2), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 as an attachment with an address.

SIGNATURE: _____ DATE: 4/08/95 (12)867-2525