

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G28696** (4)

1. Corporation Name
MEK, INC.



Principal Place of Business 2005 NW 42 ST P O BOX 1815 AUBURDALE FL 33823	Mailing Address P. O. BOX 1815 P O BOX 1815 AUBURDALE FL 33823-1815 US
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3. Date Incorporated or Qualified 03/18/1983	3a. Date of Last Report 07/15/1996
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2. Principal Place of Business 21 2005 NW 42 Street Suite, Apt. #, etc.	2a. Mailing Address 26 701 Logan Lane Suite, Apt. #, etc.	4. FEI Number 59-2792956	Applied For <input type="checkbox"/> Not Applicable
22 City & State Auburndale Fla	27 City & State Winter Haven Fla	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33823	28 Zip 33880	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country Polk	29 Country Polk	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLEY, MARLTON E. 115 LAKE VIEW DRIVE AUBURDALE FL 33823	10. Name and Address of New Registered Agent 81 Name John E. Lane 82 Street Address (P.O. Box Number is Not Acceptable) 83 701 Logan Lane 84 City Winter Haven FL 85 Zip Code 33880
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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 in full compliance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John E. Lane* **John E. Lane** President DATE **2-20-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KELLEY, MARLTON E. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, MARLTON E.	1.2 NAME	John E. Lane.
STREET ADDRESS	115 LAKEVIEW DR.	1.3 STREET ADDRESS	701 Logan Lane
CITY-ST-ZIP	AUBURDALE FL	1.4 CITY-ST-ZIP	Winter Haven Fla. 33880
TITLE	ST KELLEY, CERETHA <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, CERETHA	2.2 NAME	Nate Foliano
STREET ADDRESS	115 LAKEVIEW DR.	2.3 STREET ADDRESS	4175 Buell Dr.
CITY-ST-ZIP	AUBURDALE FL	2.4 CITY-ST-ZIP	Richfield OH. 44286
TITLE	V WRIGLEY, HARRIET K. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec. Treasury <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGLEY, HARRIET K.	3.2 NAME	Laura Lane
STREET ADDRESS	6859 BEVIN DR.	3.3 STREET ADDRESS	701 Logan Lane
CITY-ST-ZIP	MACON GA	3.4 CITY-ST-ZIP	Winter Haven Fla 33880
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *John E. Lane* **John E. Lane** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-97

Date

Daytime Phone #

CR2E034 (9/96)