

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G55417** (1)

1. Corporation Name
MERIDIAN ENTERPRISES, INC.



Principal Place of Business Mailing Address
255 ANDROS ST COCOA BCH FL 32931

3. Date Incorporated or Qualified **08/23/1983** 3a. Date of Last Report **03/16/1995**
4. FEI Number **59-2376112** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**AGRAMA, HANI M., M.D.
1257 FLORIDA AVE
ROCKLEDGE FL 32925**

10. Name and Address of New Registered Agent

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 officer 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

Signature typed or printed name of registered agent and the applicable (Florida Registered Agent signature required when renewing) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PS AGRAMA, HANI M., M.D. 1257 FLORIDA AVE ROCKLEDGE FL | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AGRAMA, HANI M., M.D. | | 1.2 NAME |
| STREET ADDRESS | 1257 FLORIDA AVE | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | ROCKLEDGE FL | | 1.4 CITY-ST-ZIP |
| TITLE | V AGRAMA, ROBERTA J 255 ANDROS ST COCOA BCH, FL 00000 | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AGRAMA, ROBERTA J | | 2.2 NAME |
| STREET ADDRESS | 255 ANDROS ST | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | COCOA BCH, FL 00000 | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| 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 |

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
HANI M. AGRAMA

Date: **4/11/96**
Day/Year/Phone # **05511196**

CR2E034 (12/95)