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 # H12798 (5)

1. Corporation Name
M E G S, INC.

Principal Place of Business
6620 LAKEWORTH RD.
LAKEWORTH FL 33467

Mailing Address
862 MARGINAL RD.
W. PALM BCH. FL 33411

3. Date Incorporated or Qualified: 07/18/1984
3a. Date of Last Report: 12/19/1995
4. FEI Number: 59-2433154 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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

SHERWOOD, GORDON
862 MARGINAL RD.
W. PALM BCH. FL 33411

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 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: Gordon Sherwood (signature) DATE: 5-24-96

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	P	☐ DELETE
NAME	SHERWOOD, GORDON	
STREET ADDRESS	862 MARGINAL RD.	
CITY-ST-ZIP	W. PALM BCH. FL 33411	
TITLE	S	☐ DELETE
NAME	SHERWOOD, MARY	
STREET ADDRESS	862 MARGINAL RD.	
CITY-ST-ZIP	W. PALM BCH. FL 33411	
TITLE	VP	☐ DELETE
NAME	HINSON, LARRY	
STREET ADDRESS	15955 EASTWIND CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	T	☐ DELETE
NAME	HINSON, BILL	
STREET ADDRESS	15955 EASTWIND CIRCLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Gordon Sherwood (signature) 5-24-96 1-407-357-9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #