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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H43571

R. A. MELDER ASSOCIATES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90123 028 ***158.75



						_			
Principal Place of Business Mailing Address									
3420 SW 13TH COURT 3420 SW 13TH COURT									
FT. LAUDERDALE FL 33312		FT. LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/18/1985			
3 Dringing D	lace of Business	2a Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
2. Principal Place of Business		├ ¬ ~	26. Waning Address			14-9770000	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			****			Additional	1
•		⊢				5. Certifcate of Status Desired	•	Required	
22 City & State		27 City & State				6. Election Campaign Financing \$5.00 May Be			
		28			نفط المستنبية المستنب	Trust Fund Contribution Added to Fees			
Zip Country		Zip Country				This corporation owes the current year Intangible			
		29	 			Personal Property Tax.			
24	9. Name and Address of Curre		[30]	Ϊ		10. Name and Address of New Registered Ag	ent		1
	5. Name and Address of Conte	sit itegistered Agent		81	Name				1
MELL	DER, RAYMOND A.								┧
	SW 13TH CT		82 Street Add			ess (P.O. Box Number is Not Acceptable)			
	LAUDERDALE FL 33312		83						1
• • • •				••		<u> </u>]
				84	City	FL	85 Zi	p Code	
			hitaa tha a	h 01/0	named corn	oration submits this statement for the purpose of ch	anning	its registered	1
office or r	enistered agent or both in the State	e of Florida. Such change was	autnonzeo	ו עם נ	he corporatio	on's board of directors. I hereby accept the appointment	nent as	registered	Ì
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Stat	utes.					
SIGNATURE	·					d when reinstating) DATE			_ ا
	Signature, typed or printed name of registered ag	Join and the state of the state		Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	ŀά
12.		ND DIRECTORS	ECTORS 13. ☐ DELETE 1.1 T/				Chang		(11/08
TITLE	P					_			1
NAME	MELDER, RAYMOND A.		1.2 NAM						F034
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·				ADDRESS				1 4
CITY-ST-ZIP	FT. LAUDERDALE FL			TY-ST-	-ZIP		Chang	e Addition	۳ ا
TITLE	C	☐ DELETE	2.1 ∏	TLE		L	Criany	le Dividition	
NAME	MELDER, CHRISTIANE		2.2 N	AME					
STREET ADORESS	3420 SW 13TH COURT		2.3 STP		ADDRESS				
-CITY-ST <u>-Z</u> IP			.2 40	-2 4 CITY-ST-ZIP			- <u></u>		
TITLE			3.1 TI	3.1 TITLE		L	_ Chang	e Addition	
NAME			3.2 N	AME					
STREET ADDRESS		•	3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST	- ZIP	462			1
TITLE	☐ DELETE		4.1 TI	4.1 TITLE			_ Chang	e 🗌 Addition	
NAME			4. 2 N	AME		,			
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	4.4 CITY-ST-ZIP					_
TITLE		☐ DELETE	5.1 T				Chang	e Addition	
NAME			5.2 N	AME					
STREET ADDRESS		-	5.3 S	TREET	ADDRESS				1
			5.4 C	.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE .6.1'				<u>-</u> [Chang	e Addition	1
NAME			6.2 N	3.2 NAME					
					ADDRESS				
STREET ADDRESS			6.4 CÂTY-ST-ZIP						
CITY-ST-ZIP	1		5.70						

14. I 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, with all other like empowered.

SIGNATURE: