

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H68090 (0) MEADOWCREST DEVELOPMENT, INC.

Principal Place of Business: P.O. BOX 10,000 CRYSTAL RIVER FL 34423 US

Mailing Address: P.O. BOX 10,000 CRYSTAL RIVER FL 34423 US

2. Principal Place of Business: 21 Name, Apt. #, etc. 22 City & State 23 Zip County 24 25 26 Mailing Address: 26 Name, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

CARMAN, JAMES W. 6142 W. CORPORATE OAKS DRIVE P.O. BOX 10,000 CRYSTAL RIVER FL 34429

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

FL 85 Zip Code

11. Pursuant to the provisions of Sections 602, 603, and 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business of the State of Florida. This statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I understand and accept the obligations of Section 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS: PD OLSEN, STANLEY C. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL VD OLSEN, ELIZABETH M. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL ST CARMAN, JAMES W. 6142 WEST CORPORATE OAKS DRIVE CRYSTAL RIVER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 11 NAME, 12 NAME, 13 NAME, 14 NAME, 15 NAME, 16 NAME, 17 NAME, 18 NAME, 19 NAME, 20 NAME, 21 NAME, 22 NAME, 23 NAME, 24 NAME, 25 NAME, 26 NAME, 27 NAME, 28 NAME, 29 NAME, 30 NAME

14. I hereby certify that the information supplied with this document is true and correct to the best of my knowledge and belief. I further certify that the information included on this document is true and correct to the best of my knowledge and belief. I understand that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block Letter Block 14 of the front cover of this document.

SIGNATURE: Stanley C Olsen 4/29/98 (352) 796-4000

FILED May 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1985 4. FEI Number: 59-2574026 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 7. This corporation owes or has paid the current year's eligible Personal Property Tax due June 30: Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)