


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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J05024** (1)  
1. Corporation Name  
**MEADOWS BUSINESS SYSTEMS INCORPORATED**



Principal Place of Business <b>% JERRILEE SKIP MEADOWS 2619 ENTERPRISE ROAD CLEARWATER FL 34623</b>	Mailing Address <b>% JERRILEE SKIP MEADOWS 2619 ENTERPRISE ROAD CLEARWATER FL 34623</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1057 Cephas Road</b> Suite, Apt. #, etc. <b>22 Clearwater, FL</b> Zip <b>24 33765</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 1057 Cephas Road</b> Suite, Apt. #, etc. <b>27 Clearwater, FL</b> Zip <b>29 33765</b> Country <b>30 USA</b>		3. Date Incorporated or Qualified <b>03/17/1986</b>	
		4. FEI Number <b>59-2639449</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MEADOWS, JERRILEE SKIP 2619 ENTERPRISE ROAD CLEARWATER FL 34623</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Jerrilee Skip Meadows</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1057 Cephas Road</b>	
				83	
				84 City <b>Clearwater</b> <b>FL</b> 85 Zip Code <b>33765</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b>	1.1 TITLE	
NAME	<b>MEADOWS, JERRILEE SKIP</b>	1.2 NAME	
STREET ADDRESS	<b>1621 GULF BLVD, 502</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	
NAME	<b>MEADOWS, ROBERT T</b>	2.2 NAME	
STREET ADDRESS	<b>1621 GULF BLVD 502</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	
NAME	<b>MEADOWS, ANDREW D</b>	3.2 NAME	
STREET ADDRESS	<b>1203 WILLOWICK CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Jerrilee Skip Meadows* 4-27-98 813-442-3774

CR2E034 (10/97)