

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 # J20079

1. Corporation Name  
MEEK & ASSOCIATES, INC.

Principal Place of Business  
1154 NO UNIVERSITY DR  
STE 305  
PEMBROKE PINES FL 33024  
US

Mailing Address  
1154 NO UNIVERSITY DR  
STE 305  
PEMBROKE PINES FL 33024  
US

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90134 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/17/1986

4. FEI Number  
65-0027139

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5100 DUPONT BL  
Suite, Apt. #, etc.

22 # 8N  
City & State

23 FT LAUDERDALE, FL  
Zip Country

24 33308 25 BROWARD

2a. Mailing Address

26 5100 DUPONT BL  
Suite, Apt. #, etc.

27 # 8N  
City & State

28 FT LAUDERDALE, FL  
Zip Country

29 33308 30 BROWARD

9. Name and Address of Current Registered Agent

MEEK, DAVID R  
5100 DUPONT BLVD. # 8N  
FT LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS  
NAME MEEK, PEGY B  
STREET ADDRESS 1821 N 43RD AVENUE  
CITY-ST-ZIP HOLLYWOOD FL

TITLE PD  
NAME MEEK, DAVID R  
STREET ADDRESS 5100 DUPONT BLVD. # 8N  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 5100 DUPONT BL # 8N  
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

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

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:

*DAVID R MEEK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99 954/771-9723  
Date Daytime Phone #

CR2E034 (11/98)