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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J26459**

(4)

MEFCO, INC.

Mailing Address Principal Place of Business % JONATHAN FRYD % JONATHAN FRYD 523 MICHIGAN AVENUE 523 MICHIGAN AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-6317 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1996 07/31/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 25-1554065 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRYD. JONATHAN **523 MICHIGAN AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 City 84 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, it 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change ☐ Addition 1 1 TITLE TITLE FRYD, MICHAEL NAME 1.2 NAME **523 MICHIGAN AVE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ST DELETE Change Addition TITLE 21 TITLE MCCUNE, CAROLINE NAME 2.2 NAME **523 MICHIGAN AVE** 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FRYD, PAUL 3.2 NAME NAME 361 GREENWICH ST., #2 STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZiP □ DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-2IP CITY - \$1 - 70P DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. I do 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 cath, 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