FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:12

DOCUMENT # K39822 (7)

1. Corporate Name
MEA INVESTORS, INC.

Principal Place of Business	Mailing Address
C/O CONSUL-TECH ENG. INC. 50 E. SAMPLE RD., 4TH FLOOR POMPANO BCH. FL 33064 US	C/O CONSUL-TECH ENG. INC. 50 EAST SAMPLE ROAD, 4TH FLOOR POMPANO BEACH FL 33064 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0122705 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOOM, GARY G.
50 E. SAMPLE RD.
4TH FLOOR
POMPANO BCH. FL 33065

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: (Typed or printed name of registered agent and title if agent is corporation) (NEW Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
011	D	11 TITLE	☐ Change ☐ Addition
012	NORMAN, DONALD E.	12 NAME	
013	50 EAST SAMPLE ROAD #200	13 STREET ADDRESS	
014	POMPANO BEACH FL	14 CITY-ST-ZIP	
021	D	21 TITLE	☐ Change ☐ Addition
022	TODD, H. MURRAY	22 NAME	
023	50 EAST SAMPLE ROAD #200	23 STREET ADDRESS	
024	POMPANO BEACH FL	24 CITY-ST-ZIP	
031	D	31 TITLE	☐ Change ☐ Addition
032	BLOOM, GARY	32 NAME	
033	50 EAST SAMPLE ROAD #400	33 STREET ADDRESS	
034	POMPANO BEACH FL	34 CITY-ST-ZIP	
041	D	41 TITLE	☐ Change ☐ Addition
042	FLATEN, PAUL A.	42 NAME	
043	50 EAST SAMPLE ROAD #200	43 STREET ADDRESS	
044	POMPANO BEACH FL	44 CITY-ST-ZIP	
051	D	51 TITLE	☐ Change ☐ Addition
052	VRABEL, STEPHEN	52 NAME	
053	50 EAST SAMPLE ROAD #400	53 STREET ADDRESS	
054	POMPANO BEACH FL	54 CITY-ST-ZIP	
061	D	61 TITLE	☐ Change ☐ Addition
062	HAMMOND, THOMAS C.	62 NAME	
063	50 EAST SAMPLE ROAD #200	63 STREET ADDRESS	
064	POMPANO BCH. FL	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 with an attachment with an address.

SIGNATURE: [signature] 2-15-95 305 785 8400
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)
GARY G. BLOOM

0107814 CP