

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K39822**

(7)

1. Corporation Name

MEA INVESTORS, INC.

Principal Place of Business

**C/O CONSUL-TECH ENG. INC.
50 E. SAMPLE RD., 4TH FLOOR
POMPANO BCH. FL 33064
US**

Mailing Address

**C/O CONSUL-TECH ENG. INC.
50 EAST SAMPLE ROAD, 4TH FLOOR
POMPANO BEACH FL 33064-3552
US**

3. Date Incorporated or Qualified

10/19/1988

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NORMAN, DONALD E.
50 EAST SAMPLE ROAD #200
POMPANO BEACH FL**

TITLE ☐ DELETE

**D
TODD, H. MURRAY
50 EAST SAMPLE ROAD #200
POMPANO BEACH FL**

TITLE ☐ DELETE

**D
BLOOM, GARY
50 EAST SAMPLE ROAD #400
POMPANO BEACH FL**

TITLE ☐ DELETE

**D
FLATEN, PAUL A.
50 EAST SAMPLE ROAD #200
POMPANO BEACH FL**

TITLE ☐ DELETE

**D
VRABEL, STEPHEN
50 EAST SAMPLE ROAD #400
POMPANO BEACH FL**

TITLE ☐ DELETE

**D
HAMMOND, THOMAS C.
50 EAST SAMPLE ROAD #200
POMPANO BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

954 785 8400

Date Daytime Phone #

0148383

CR2E034 (9/96)