

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K39859 (9)**

1. Corporation Name  
**MEADWOOD PROPERTIES, INCORPORATED**

Principal Place of Business Mailing Address

789 S. FEDERAL HWY. SUITE 407 STUART FL 34994 US

789 S. FEDERAL HWY. SUITE 207 STUART FL 34994 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

3. Date Incorporated or Qualified 10/17/1988 3a. Date of Last Report 07/11/1994

4. FEI Number 65-0082641 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

**SIMMONS, E.  
10032 S. FEDERAL HWY.  
PORT ST. LUCIE FL 34862**

10. Name and Address of New Registered Agent

81 Name **GRALL & FANARO & GLENN**

82 Street Address (P.O. Box Number is Not Acceptable) **755 20th STREET**

83

84 City **VERO BEACH** FL 85 Zip Code **32966**

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 George Glenn (NOTE: Registered Agent signature required when registering) DATE 4/24/95

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	NEMBARD, DONALD
STREET ADDRESS	2670 PINECREST LAKES BLV
CITY - ST - ZIP	JENSEN BCH FL
TITLE	<del>DS</del>
NAME	SIMMONS, EVETT L.
STREET ADDRESS	10032 S. FEDERAL HWY
CITY - ST - ZIP	PORT ST. LUCIE FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	<del>DS</del>
1 3 STREET ADDRESS	<del>2670 PINECREST LAKES BLV</del>
1 4 CITY - ST - ZIP	<del>JENSEN BCH FL</del>
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in 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 as an attachment with an address.

SIGNATURE: [Signature] DATE 4/1/95 IDENTIFICATION # 4072206055