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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT Sandra B. Morti

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Secretary of Stat

DIVISION OF CORPORATIONS

(9)

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business 8546 SURREY LANE BOCA RATION FL SAME B	MERIDIAN FINANCIAL GROUP, INC.						1 78 6 19	(18 0 17 0 1867) 8018 1 (1017 010	DI YANG MANAGE BANGSA	Binik Gidel bin:	T 81811 1881	
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24									<u> </u>			
RASKIN, STEPHEN S 8349 SURREY LANE BOCA RATION FL 33496 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 Agent, or both, in the State of Roidus Such change was authorized by the corporation's board of directors. I hereby accept the exponentment as registered signed. PRIVATE P	—	⊢	<u> </u>									
RASKIN, STEPHEN S 849 SURREY LANE BOCA RATON FL 33496 11. Present to the provisions of Sections 607.000 and 607.1006 Printing Statutes in the above-harmed corporation submits this statement for the purpose of changing its registered signer. It am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the corporation submits this statement for the purpose of changing its registered agent. It am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the corporation is board of directors. I hereby accept the appointment as registered agent. It am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE PST RASKIN, STEPHEN S RASKIN, STEPHEN S SA49 SURREY LANE 1.2 XNAW 1.2 XNAW 1.2 XNAW 1.3 XNET ADDRESS 0.0TY-ST-ZP 1.4 CMTY-ST-ZP 1.4 CMTY-ST-ZP 1.5 TITLE 1.5 TITLE											,	
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BOCA RATON FL 33496					L.	4						
Back City FL Bs Zip Code						tress (P.O. Box Number is Not Acceptable)						
The pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, 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, 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, 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, or both in the state ment of the purpose of changing its 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, or both in the agencies of the purpose of changing its registered agent, or both in the agencies. SIGNATURE DST.						•						
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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE					84	City				85 Zip (Code	
SIGNATURE Signature viped or private remot of registrated agent and title if applicable. (NOTE. Registrate required when reinstating) DATE	11 Purcuant to the	provisions of Sections 607 0503	2 and 607 1500 EV	orida Statutaa	the above	nomed or	acratica submita	this statement for th		changing it	n ragistarad	
SIGNATURE Signature viped or private remot of registrated agent and title if applicable. (NOTE. Registrate required when reinstating) DATE	office or register	ed agent, or both, in the State	of Florida, Such ch	ange was auth	orized by	the corpo	tion's board of d	lirectors. I hereby ac	cept the appo	ointment as	registered	
12		liar with, and accept the obliga	itions of, Section 60	17.0505, Florida	a Statutes),						
12.	SIGNATURE	typed or orbited name of repistered ager	nt and title if anniicable	NOTE BA	gistered Age	nt signature rec	red when reinstation\		DATE			
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ature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in