FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 29 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
ME & ASSOCIATES, INC.

DOCUMENT # K63963 (8)

Mailing Address
% INSURANCE WORLD OF MANDARIN
11451 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Principal Place of Business
% INSURANCE WORLD OF MANDARIN
11451 SAN JOSE BLVD.
JACKSONVILLE FL 32223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/07/1989
3a. Date of Last Report: 10/04/1993

4. FEI Number: NOT APPLICABLE — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ESPOSITO JOHN R
% INSURANCE WORLD OF MANDARIN
11451 SAN JOSE BLVD.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0506 or Sections 617.0502 and 617.1506, 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, am familiar with and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: J. Esposito Pres (Registered Agent Acknowledging Acceptance) (Registered Agent signature required when reinstating) DATE 6-8-94

12. OFFICERS AND DIRECTORS

1.1 TITLE	P
1.2 NAME	ESPOSITO JOHN R
1.3 STREET ADDRESS	11451 SAN JOSE BLVD.
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
2.1 TITLE	V
2.2 NAME	MALONE JAMES M
2.3 STREET ADDRESS	11451 SAN JOSE BLVD.
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	200001216232
1.3 STREET ADDRESS	-06/30/94--01031--004
1.4 CITY-ST-ZIP	*****25.00 *****25.00
2.1 TITLE	
2.2 NAME	200001216232
2.3 STREET ADDRESS	-06/30/94--01031--005
2.4 CITY-ST-ZIP	****200.00 ****200.00
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

5

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Esposito Pres 6-8-94 904 268-2283
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #