

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L16375**
1. Corporation Name
MEER, INC.

Principal Place of Business Mailing Address
238 N. Westmonte Dr. Suite 280
Altamonte Springs, FL 32714

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

3. Date Incorporated or Qualified 3a. Date of Last Report
1995
4. FEI Number **59-2967574** 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
Louis Geys
238 N. Westmonte Dr. Suite 280
Altamonte Springs, FL 32714

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]* DATE *[Date]*

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 PRES/DIRECTOR **Louis Geys**
238 N. Westmonte Dr. Ste 280
Altamonte Springs, FL 32714
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
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100 1 TITLE 1002 NAME 1003 STREET ADDRESS 1004 CITY-ST-ZIP

000001788090
-04/22/96--01020--022
*****400.00**

SIGNATURE:

[Signature] **Louis Geys** **4-15-96** **407-862-5511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)