

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L28232** (1)  
1. Corporation Name  
**MERIDIAN PROPERTY MANAGEMENT CORPORATION**

Principal Place of Business

~~5551 RIDGEWOOD DR., #203~~  
~~NAPLES FL 33963~~

Mailing Address

~~5551 RIDGEWOOD DR., #203~~  
~~NAPLES FL 34108-2733~~

3. Date Incorporated or Qualified  
**10/27/1989**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 **5551 RIDGEWOOD DR**  
Suite, Apt. #, etc.

22 **SUITE 203**  
City & State

23 **NAPLES**  
Zip

24 **34108**

Country

2a. Mailing Address

26 **SAME**  
Suite, Apt. #, etc.

27  
City & State

28

Zip

29

Country

30

4. FEI Number  
**65-0155665**

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

~~MAC'KIE, PAMELA S.~~  
~~6551 RIDGEWOOD DR.,~~  
~~SUITE 201~~  
~~NAPLES FL 33963~~

10. Name and Address of New Registered Agent

81 **G. HELEN ATHAN**  
82 **5551 RIDGEWOOD DRIVE**  
83 **SUITE 501**  
84 **NAPLES** FL 85 **34108**

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

*G. Helen Athan*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	CORACE, RICHARD F.	5551 RIDGEWOOD DR, #203	NAPLES FL	
D	GRIFFIN, GERALD F., II	5551 RIDGEWOOD DR, #203	NAPLES FL	
DVS	SHARPE, KEITH	5551 RIDGEWOOD DR STE 203	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)