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 # **L48107** **(1)**

1. Corporation Name

M.E.E.B. II, INC.

Principal Place of Business

~~709 E OCEAN AVE~~
~~BOYNTON BEACH FL 33435~~
~~US~~

Mailing Address

~~709 E OCEAN AVE~~
~~BOYNTON BEACH FL 33435~~
~~US~~

3. Date Incorporated or Qualified: 02/01/1990

3a. Date of Last Report: 03/27/1995

4. FEI Number: 65-0226096 — 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

2. Principal Place of Business

21 SALON RICARD - DBA
Suite, Apt. #, etc.
22 2282 N. CONGRESS AVE
City & State
23 BOYNTON BEACH FL
Zip 24 33426 Country 25 PALM BEACH

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.
City & State
Zip Country 30

9. Name and Address of Current Registered Agent

DE BRINCAT, RICHARD
9543 SUN POINTE DRIVE
BOYNTON BEACH FL 33437

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 607.0505 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	DE BRINCAT, RICHARD
STREET ADDRESS	9543 SUN POINTE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	V
NAME	DE BRINCAT, PATRICIA
STREET ADDRESS	9543 SUN POINTE DR
CITY-ST-ZIP	BOYNTON BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is accurately 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 or a receiver or trustee or otherwise 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 other than current registered agent, or in the registered office address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96 DATE

407-364 9800 Daytime Phone #

CR2E034 (12/95)