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PROFIT CORPORATION ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L55357

(2)

MELIKIAN, INC.

FILED Jan 09 1997 8:00am Secretary of State



Solve, April #, ctc	Principal Prace of Business Mailing Address **LEVON N MELIKIAN SLEVON N MELIKIAN 4261 SAN PABLO RD. S. 4261 SAN PABLO RD. S. JACKSONVILLE FL 32224 JACKSONVILLE FL 32224-1825								
28					3. Date Incorporated or Qualified 03/05/1990	3. Date Incorporated or Qualified 03/05/1990 3a. Date of Last 02/08/199			
City & State Ci		Place of Business	F-n ~					lied For Applicable	
Trust Fund Contribution Added to Fee Added to F	22		27		5. Certificate of Status Desired	1 1 7 3	_		
9. Name and Address of Current Registered Agent Second Color Second Current Registered Agent Second Color Second Colo	23]		28	· · · · · · · · · · · · · · · · · · ·		, mary			
MELIKAN, LEVON N 4281 SAN PABLO RD S JACKSONMILE FL 32224 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 Zip Code 89 City FL 85 Zip Code 89 City FL Sip Code 89 City FL Sip Code 80 City FL Sip Code 81 City FL Sip Code 82 City FL Sip Code 83 City FL Sip Code 84 City FL Sip Code 85 City FL Sip Code 86 City FL Sip Code 87 City FL Sip Code 87 City FL Sip Code 89 City FL Sip Code 89 City FL Sip Code 80 City FL Sip Code 81 City FL Sip Code 81 City FL Sip Code 82 City FL Sip Code 8		25	29		Florida Statutes	Yes No)	199.032,	
### AZES SAN PABLO RD S JACKSONNILE FL 32224 ### City	NF		ent Registered Agent	81 Name	10. Name and Address of New F	legistered Agen	1		
STREET ADDRESS T1. Flores and 1c the previous of Sections 07 0502 and 007 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional to the previous of sections 07 0502 and 007 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional transfer lay with and accept the obligations of, Section 607 0506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BELIKIAN, LEVON N 428 SAN PABLO RD 13 STREET ADDRESS SIFFET						<u></u>			
B3 B4 City				82 Street Ad	dress (P.O. Box Number is Not Accept	able)			
The Presence to the previsions of Sections 607 0502 and 607.1506. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registrated agent or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registed agent and accept the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE SUBJECT Report of the purpose of the objective sof. Section 607 0505, Florida Statutes. SIGNATURE PURPOSE OF THE ADDRESS OF THE STATUTE SUBJECT OF THE STATUTE SUBJECT REPORT OF THE STATUTE SUBJECT REP				83					
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1. Pre-sant to the precisions of Sections DOY CO2 and CO7,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent on tolls, in this State of Florida, Statutes. SIGNATURE				84 City		FL 185	Zip Co	oge	
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City St. ZIP 64 City St. ZIP 64 City St. ZIP 64 City St. ZIP 14. 1 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	····································							,	

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0043143