


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

FILED

Jan 09 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 # L55357 (2)					
1. Corporation Name MELIKIAN, INC.					
Principal Place of Business %LEVON N MELIKIAN 4261 SAN PABLO RD. S. JACKSONVILLE FL 32224			Mailing Address %LEVON N MELIKIAN 4261 SAN PABLO RD. S. JACKSONVILLE FL 32224-1825		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1990	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		3a. Date of Last Report 02/08/1996	
22 City & State		27 City & State		4. FEI Number 59-3031586	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MELIKIAN, LEVON N 4261 SAN PABLO RD S JACKSONVILLE FL 32224			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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. I changed, or am attaching, with an address.					

CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-97

Date

(904) 223-4786

Daytime Phone #

0043143