

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 19 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L70358 (1)**  
 1. Corporation Name  
**RICHARD MEER INVESTMENTS, INC.**



Principal Place of Business <b>822 PINEBROOK ROAD PINEBROOK PLAZA VENICE FL 34292</b>	Mailing Address <b>143 2ND AVE NOKOMIS FL 34275 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>406 SUNRISE DR.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <b>NOKOMIS FL</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b> <b>34275</b>	Country <b>30</b> <b>SARASOTA</b>


3. Date Incorporated or Qualified <b>05/04/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0196833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBERTS, DONNA CPA PA**  
**1531 S. TAMiami TR.**  
**SUITE 702B**  
**VENICE FL 34292**

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, 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: **9-12-97**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEER, RICHARD	
STREET ADDRESS	822 PINEBROOK RD	
CITY-ST-ZIP	VENICE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MEER, NANCY J	
STREET ADDRESS	822 PINEBROOK RD	
CITY-ST-ZIP	VENICE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MEER, LORRAINE	
STREET ADDRESS	822 PINEBROOK RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELOR, JENNIFER	
STREET ADDRESS	822 PINEBROOK RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEER, LORI	
STREET ADDRESS	822 PINEBROOK RD	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELOR, LARRY	
STREET ADDRESS	822 PINEBROOK RD	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JENNIFER BARG	
1.3 STREET ADDRESS	822 PINEBROOK RD	
1.4 CITY-ST-ZIP	VENICE FL 34275	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:  DATE: **9-12-97**

CP2E034 (4/97)