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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P17631			
1. Corporation Name M & E INSTALLERS, INC.			
Principal Place of Business 9301 OLIVE BLVD. ST. LOUIS MO 63132		Mailing Address 9301 OLIVE BLVD. ST. LOUIS MO 63132	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 607.0502 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MAFFRAND, RONALD J.	1.2 NAME	
STREET ADDRESS	902 PINE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES MO	1.4 CITY-ST-ZIP	
TITLE	VDAS	2.1 TITLE	
NAME	O'BRIEN, ROSE M.	2.2 NAME	
STREET ADDRESS	7372 NORTHMOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	GIBBONS, MICHELE	3.2 NAME	
STREET ADDRESS	30 DEL RAY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERS MO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: X *Ronald J. Maffrand* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (314) 995-2246
Date Daytime Phone #

CR2E034 (1/98)