

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 # P93000004422 (0)

1. Corporation Name

MERIDITH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2911 W. WASHINGTON ST.  
ORLANDO FL 32805

PO Box 370277  
MIAMI FL 33137-0277

3. Date Incorporated or Qualified

1/20/93

3a. Date of Last Report

3/27/95

2. Principal Place of Business

2a. Mailing Address

21 2911 W. WASHINGTON  
Suite, Apt. #, etc.

26 P O Box 370277  
Suite, Apt. #, etc.

4. FET Number

65-0396172

Applied For

Not Applicable

22 City & State

23 ORLANDO FL

27 City & State

28 MIAMI FL

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

9. Name and Address of Current Registered Agent

FRIEDLANDER, EUGENE C.  
2801 NW 6th AVE  
MIAMI FL 33127

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 607.0502 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

Signature typed or printed name of registered agent (and then if applicable)

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME D FRIEDLANDER, EUGENE C.  
STREET ADDRESS 2801 NW 6th AVE  
CITY-ST-ZIP MIAMI FL 33127

2. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001746508  
-03/18/96--01038--020  
\*\*\*200.00

OK  
3/16/96

14. I do hereby certify that the information supplied with this filing is voluntarily 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 13, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE C. FRIEDLANDER

Date

Daytime Phone #

3/31/96 (305) 576-7843

CR2E034 (12/95)