


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

FILED  
Jun 23, 1999 8:00 am  
Secretary of State

06-23-1999 90005 032 \*\*\*150.00

0453366

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000012763</b> ✓					
1. Corporation Name <b>MERIDIAN BUSINESS CORPORATION, INC.</b>					
Principal Place of Business 1417 DEL PRADO BLVD. CAPE CORAL FL 33990			Mailing Address 1417 DEL PRADO BLVD. CAPE CORAL FL 33990		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/18/1993</b>	
21		26		4. FEI Number <b>65-0424657</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent <b>MACKINNON, GARY E 1417 DEL PRADO BLVD. CAPE CORAL FL 33990</b>			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
				<b>FL</b>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>MACKINNON, JANICE M.</b>				
STREET ADDRESS	<b>1417 DEL PRADO BLVD.</b>				
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>MACKINNON, GARY E</b>				
STREET ADDRESS	<b>1417 DEL PRADO BLVD.</b>				
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>MACKINNON, PAUL E</b>				
STREET ADDRESS	<b>1417 DEL PRADO BLVD</b>				
CITY-ST-ZIP	<b>CAPE CORAL FL</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)



## Cossentino & Orlando

Accountants  
1402 Cape Coral Parkway  
Cape Coral, Florida 33904  
(941) 945-4939  
Fax (941) 945-4938

P93000012763  
579065-90005-32

June 11, 1999

Florida Department of State  
Div. of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

RE: JOSHUA FIN'L CORP.  
#V17061  
MERIDIAN BUSINESS CORP., INC.  
#P93-12763  
MEGATRON CONSTRUCTION CORP.  
#98-81762

To whom it may concern:

I am the Accountant for the above-mentioned clients. In March of 1999 we contacted the Department of State because my clients did not receive his annual filing report. For some reason, their annual report was sent back and we are not sure why since the address was correct when we called Tallahassee. They said they would send another blank form immediately, before the May 1, 1999 due date. In late April of 1999 we again called and informed the Department of State that we have not received a blank form. We finally received the original form in June, after another phone call was made. We complained to the Department of State, that because of their error, we didn't feel we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

  
Salvatore Cossentino

SC/db