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Apr 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 # P93000031109 (0)			
1. Corporation Name MEINS CORPORATION			
Principal Place of Business 500 GREGORY ST. SE PALM BAY FL 32909 US		Mailing Address 500 GREGORY ST. SE PALM BAY FL 32909-3645 US	
2. Principal Place of Business 21 500 Gregory St. SE Suite, Apt. #, etc.		2a. Mailing Address 26 500 Gregory St. SE Suite, Apt. #, etc.	
22 City & State 23 Palm Bay, FL		27 City & State 28 Palm Bay, FL	
24 32909 25 Brevard		29 32909 30 Brevard	
9. Name and Address of Current Registered Agent MEINS, TIMOTHY 500 GREGORY STREET SE PALM BAY FL 32907			
10. Name and Address of New Registered Agent 81 Name n/a 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] President 4/2/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 1.1 TITLE P 1.2 NAME MEINS, TIMOTHY M. 1.3 STREET ADDRESS 700 GILLMAR AVE NW 1.4 CITY-ST-ZIP PALM BAY FL 1.5 1.6 1.7 1.8 1.9 1.10 1.11 1.12			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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			
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: [Signature] President 4/2/97 (407) 9526900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)