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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031109 (0)

MEINS CORPORATION

Apr 07 1998 8:00am Secretary of State

FILED



Daytime Phone #

0106842

Principal Place of Business Mailing Address 500 GREGORY ST. SE 500 GREGORY ST. SE PALM BAY FL 32909 PALM BAY FL 32909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1993 4. FEI Number 2. Principal Placerof Business Mailing Address Applied For Not Applicable 59-3180808 Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required COCOQ City & State \$5.00 May Be 6. Election Campaign Financing 00000 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 32926 BREVORD 25 13 RE 1 CARD | 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MEINS, TIMOTHY **500 GREGORY STREET SE** 62 PALM BAY FL 32907 83 0000 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutos.

SIGNATURE

Signature, specific protect have of registered agent and tilled again again and tilled again against registered agent signature required when reinstalling).

DATE OFFICERS AND DIRECTORS 12. AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE MEINS, TIMOTHY M. 1.2 NAME NAME 700 GILLMAR AVE NW STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS 64 CITY-ST-ZIP 4.1 I hereby certify that the information supplied with this filing does not qualify for the oxemption 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 rocciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.