Feb 26, 1999 8:00 am 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 # **P93000076541**1. Corporation Name

MERIDIA	AN INVESTMENT & MANAGE	EMENT, INC.										
Principal Plac	e of Business	Mailing Addi	ress							i i solo bilo t b ili		
Principal Place of Business 530 1/2 OLD MAIN STREET BRADENTON FL 34205 US		530 1/2 OLD MAIN STREET BRADENTON FL 34205 US				DO NOT WRITE IN THIS SPACE						
							3. Date Incorpor		i			l
							11/04/199	3				
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number				oplied For	l
21		26					<u>65-044618</u>	<u> </u>			ot Applicable	1
Suite, Apt.	#, etc.	Suite, Ap	it. #, etc.		-		5. Certificate of S	Status Desired	~		equired	ľ
City & Stat	e	City & St	tate				6. Election Camp	paign Financing	Ö		May Be	ľ
23		28]	Trust Fund Co				to Fees	l
Zip	Country	Zip	_	Country		Ì	8. This corporati		rent year li			į
24	25	[29]	30	1			Personal Prop 10. Name and A		Pogletoro	∐ Yes	□No	l
	9. Name and Address of Curren	t Registered Age	ent	81	Name		10. Name and A	udiess of New	registeret	1 Agent		ĺ
OZA	rk, damian m esq.			82		A dd-0-0-0	s (P.O. Box Numb	or in Not Accen	table)			l
	ZARK & PERRON, P.A.			L	Street	Audres						ĺ
	B MANATEE AVENUE WEST DENTON FL 34205			83								l
				84	. ,		1.5-0		FI		Code	
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11. Pursuant office or r	egistered agent or both, in the State of the familiar with and accept the distinct	of Florida. Such c	-ionda Statutes, hange was auth i07 0505, Elorida	the above orized by Statutes	e-named the corpo	corpora oration	s board of director	statement for the s. I hereby acce	pt the appo	pintment as re	egistered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050/ egistered agent of both, in the State of m familiar with and accept the tongal	$/ \cup \nearrow \swarrow$	_ (UAI	AHMI	A IAI	. OZAM	s. I hereby acce	./	/- /3 -	egistered 99	
SIGNATURE	Signature, types or printed name of registered agen	t and title (fapplicable	_ (DAI gistered Agen	AHMI	A IAI	men reinstating)	• 777	DATE	/-/J·	 ,	
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SIGNATURE 12	Signature, by or printed name of registered agen OFFICERS ANI	t and title (applicable	NOTE Re	DAI gistered Agen 13.	ot signature r	w beniuper	then reinstating) ADDITIONS/C	HANGES TO O	DATE FFICERS A	ND DIRECTO	ORS IN 12	
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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:

6.4 CITY-ST-ZIP

SIGNATURE: