## 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 #

P94000033424 (0)

**METEOR INVESTMENTS INCORPORATED** 

## **FILED** Feb 16 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			a tadicata cia taliti as	. M 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18.0 (418.0 (1111) BEBLD 1	### BIBI 1881
5640 BRABROOK AVE         PO BOX 629           GRANT FL 32949         GRANT FL 32949					DO	NOT WRITE IN TI	HIS SPACE	
				;	<ol> <li>Date Incorporated of 04/29/1994</li> </ol>	or Qualified		
	ace of Business	2a. Mailing Address	11' m		4. FEI Number		A	pplied For
Suite, Apt.	Millersh Lawaling Circle		anding Com	cle	<u>59-3259729</u>			ot Applicable
22	r, 8tc.	Suite, Apt. #, etc.	•		<ol><li>Certificate of Status</li></ol>	Desired	* - · · · -	Additional equired
City & State	,	Çity & State		<del>-  </del> ,	6. Election Campaign	Figancing		May Be
23 De B	ary FL	28 DeBary F		'	Trust Fund Contribu			to Fees
Zip	Country	Zip	Country	ī	B. This corporation ow	es or has paid the	current year In	tangible
24 329 1			IN USA		Personal Property T			□ No
	9, Name and Address of Current	registered Agent	81 Name		0, Name and Address	3 Of New Hegister	red Agent	
	OMAS, G T							
	10 Brabrook ave Ant Fl 32049		82 Street		(P.O. Box Number is N		•	
GA	ANT FL 32 <del>01</del> 9		83 29	7 111	arsh Land	ing cheu	<del>-</del>	
			,					
			84 City	e Bar	- \	ľ		Code 2713
11. Pursuant to	o the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s the above-named	Corporal	ion submite this statem	nent for the purpor	ea of changing it	te registered
Office or re	egistered agent, or both, in the State of amiliar with, and accept the obligat	n Horida. Such change was au	ithorized by the corp	poration's	. board of directors. I h	ereby accept the	appointment as	registered
SIGNATURE	a Trefine The		Siderat			1080	2000	
SIGNATURE 5	Signature, typed or printed name of registered agent		Registered Agent signature	e required wh	en reinstating)	DA.	17 1440	
12.	OFFICERS AND		13.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	P	L_] DELETE	1.1 TITLE				Change	Addition
NAME	THOMAS, G. T		1.2 NAME	293	+ MarshLa	and in Ca	~le	
STREET ADDRESS	5640 BRABROOK AVE.		1.3 STREET ADDRESS	12.6	7 Medi 510 - 21	- 6	, 020	
CITY-ST-ZIP	GRANT FL	T STIETT	1.4 CITY-ST-ZIP	1765	ury IL	32710	- KV 0:	
TITLE	VP	☐ DELETE	2.1 TITLE	İ	,		<b>X</b> Change	Addition
NAME OTROCT ADDOCOD	THOMAS, EDWINA 5840 BRABROOK PLACE		22 NAME	15d:	g Wlarsh L	anding (	inde	
STREET ADDRESS City-St-Zip	GRANT FL		23 STREET ADDRESS	Des	3 Marsh L Bary FL	32718		
TITLE	GIVITI IC	DELETE	2.4 CITY-ST-ZIP	1	<del></del>		Change	Addition
NAME		<b>_</b>	3.2 NAME				onange	radition
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY- ST-ZIP					
TITLE		DELETE	5.1 TITLE		<del></del> _		Change	☐ Addition
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		Deserte	5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				L Change	☐ Addition
NAME OTOTET ADDOCSO			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
14. I hereby ce	ortify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-7IP	L. ed in Secti	ion 119 07(3)(i) Florid	a Statutes I furthe	r certify that the	information
indicated o officer or d	on this annual report or supplemental a irector of the corporation or the received r Block 13 if changed, or on an abach	annual report is true and accur ver or trustee empowered to ex	rate and that my sig	inature sh	all have the same lega	al effect as if made	e under oath: tha	atlam an I
SIGON IE O	BIOCK TO IT CHAINGED, OF OT AIT ALL SCIT	more man an address.		۸	٠	l		