

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000047407 (9)

1. Corporation Name  
ME TO YOU INC.



Principal Place of Business  
3201 WEST COMMERCIAL BLVD.  
SUITE 116  
FT. LAUDERDALE FL 33309

Mailing Address  
3201 WEST COMMERCIAL BLVD.  
SUITE 116  
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified  
06/23/1994

3a. Date of Last Report  
03/21/1995

2. Principal Place of Business  
21 3000 NE 30 PLACE  
Suite, Apt. #, etc.  
22 SUITE 207  
City & State  
23 FT. LAUDERDALE FL  
Zip  
24 33306 Country  
25 USA

2a. Mailing Address  
26 3000 NE 30 PLACE  
Suite, Apt. #, etc.  
27 SUITE 207  
City & State  
28 FT. LAUDERDALE, FL  
Zip  
29 33306 Country  
30 USA

4. FEI Number  
65-0502469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
800001808908  
83 -05/06/96--01032--015  
84 City  
85 Zip Code  
FL

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 (if not applicable)

(If Other Registered Agent Signature Required when Resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
DPT	DE LUCA, FREDERICK A	3201 WEST COMMERCIAL BLVD., SUITE 116	FT. LAUDERDALE FL	<input type="checkbox"/>
DVP	BUCK, PETER	N CENTENNIAL DR.	DANBURY CT	<input type="checkbox"/>
VP	HISHOP, THOMAS	315 BIC DR	MILFORD CT	<input type="checkbox"/>
S	SCHULZ, CAROLYN	3201 W COMMERCIAL BLVD - STE 116	FT. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
		3000 NE 30 PLACE, SUITE 207		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	11 CENTENNIAL DRIVE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	HISLOP, THOMAS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	3000 NE 30 PLACE, SUITE 207		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	VP DAVID S. WORROLL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	325 BIC DRIVE MILFORD, CT 06460		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME			<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY- ST- ZIP			<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 only in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WORROLL

Date

Daytime Phone #

4/1/96 800-888-4848

CR2E034 (12/95)