

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 27 PM 1:52,

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054728 (8)

1. Corporation Name

MERIDIAN ROEHAMPTON, INC.

Principal Place of Business

Mailing Address

C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131

C/O KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/22/1994

4. FEI Number

59-3275444

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 C. 100.002,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 100 SE 2nd St

26 100 SE 2nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 28 floor

27 28 floor

City & State

City & State

23 miami, fl

28 miami, fl

24 33131 Country

25 US

29 33131 Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE SUITE 700
MIAMI FL 33131

81 Name
KTG&S Reg. Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd St.
83 28 Floor
84 City
miami FL 85 Zip Code
33131

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 registering agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/T
Clifford Waxman
161 Eglinton Ave E, #804
Toronto, Ontario M4P 1J5

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
400001528854
-06/29/95-01036-017
***2025.00 ***225.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/S/VP
Joseph Suckonic
161 Eglinton Ave E, #804
Toronto, Ontario M4P 1J5

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
200001526872
-06/29/95-01036-016
***2025.00 ***225.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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 110.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Waxman, Pres.

DATE

Daytime Phone #

6/26/95 (416) 486-4491