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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000087783**1. Corporation Name

MEADOWLAND INVESTMENT CORP.

Principal Place	e of Business	Mailing Address			I ISSUIDEN ING USERI) 			#100 HALL	
		1220 S OCEAN BLVD								
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483						. DO	NOT WRITE	E IN THIS	SPACE	
						3. Date incorporated o				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Apr	lied For
21 26			•			65-0537282			<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							~	ref	\$8.75 A	dditional
27						5. Certifcate of Status	Jesireo	X	Fee Rec	uired
City & Stat	e	City & State	City & State			6. Election Campaign I	- inancing		\$5.00 N	vlay Be
23		28				Trust Fund Contribu	tion	<u></u>	Added to	Fees
Zip	Country	Zip	Countr	У		8. This corporation own		nt year Inta	angible	٦.,
24	25		30			Personal Property T				□No
	9. Name and Address of Curren	t Registered Agent	8	1	Name	10. Name and Address	of New Ke	gisterea	Agent	
SEA	CH, WILLIAM R		١	'	Hame					
1220 S OCEAN BLVD			82	2	Street Addres	ss (P.O. Box Number is N	ot Acceptab	ole)		
DELRAY BEACH FL 33483			8:	+						
-			"							
			84	4	City			FL	85 Zip C	ode
44 Durawaat	to the provisions of Sections 607.050	2 and 607 1509 Florida Statutes	the above		named como	ration submits this statem	ent for the n	urpose of	changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	y th	ne corporation	's board of directors. I he	reby accept	the appoi	ntment as reg	istered
SIGNATURE									<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				ent s	signature required v	ADDITIONS/CHANG	EC TO OFF	DATE	ID DIRECTO	20 IN 12
12.	OFFICERS AND DIRECTORS D DELETE		13.			ADDITIONS/CHANG	<u> </u>	ICERS AN	☐ Change	Addition
TITLE	SEACH, WILLIAM R	C octain	1.2 NAME							
NAME				STREET ADDRESS						
STREET ADDRESS	DELRAY BEACH FL 33483		1.4 CITY-							
TITLE	D DELETE		2.1 TITLE		<u> </u>				Change	Addition
NAME	SEACH, MARILYN G					•		-		· · .
STREET ADDRESS	ACCO O COPANI DIND				ADORESS					ļ
CITY-ST-ZIP	DELRAY BEACH FL 33483			- ST-						Î
TITLE				3.1 TITLE					[] Change	Addition
NAME			3.2 NAME	3.2 NAME						
STREET ADDRESS			3.3 STRE	ET A	ODRESS					
CITY-ST-ZIP			3.4. CITY-	3.4. CITY-ST-ZIP						
TITLE	DELETE 4.1		4.1 TITLE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME	Ε						
STREET ADORESS			4.3 STRE	ETA	ODDRESS			•		•
CITY-ST-ZIP			4.4 CITY-	ST-2	ZIP					
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME							.
STREET ADDRESS	ĺ		5.3 STRE	ET A	DDRESS					·
CITY-ST-ZIP			5.4 CITY-		ZIP					
TITLE		☐ DELETE	6.1 TITLE		[Change	Addition

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

561-276-3122

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90047 009 ***158.75