


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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000010014 (5)

1. Corporation Name
MEGAN-JP, INC.

Principal Place of Business
755 SOUTHERN PINES DR.
NAPLES FL 33940

Mailing Address
755 SOUTHERN PINES DR.
NAPLES FL 34103-2813



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1995		3a. Date of Last Report 02/13/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0557735		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GOLDMAN, ROBERT W 3033 RIVIERA DR. SUITE 108 NAPLES FL 33940				10. Name and Address of New Registered Agent			
				81 Name Goldman, Robert W.			
				82 Street Address (P.O. Box Number is Not Acceptable) 755 Southern Pines Dr.			
				83			
				84 City Naples			
				85 Zip Code FL 34103			

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 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, SUSAN M			1.2 NAME			
STREET ADDRESS	755 SOUTHERN PINES DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			1.4 CITY-ST-ZIP	Naples FL 34103		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, ROBERT W			2.2 NAME			
STREET ADDRESS	755 SOUTHERN PINES DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			2.4 CITY-ST-ZIP	Naples FL 34103		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)