

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 # **P95000020625 (6)**

1. Corporation Name
MESKA WARE, INC.



Principal Place of Business: **2920 MIDDLESEX RD. ORLANDO FL 32803**
Mailing Address: **2920 MIDDLESEX RD. ORLANDO FL 32803**

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **59-3306793**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOLIVE, STEPHEN E
2920 MIDDLESEX RD.
ORLANDO FL 32803**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D** DELETE
NAME: **DOLIVE, STEPHEN E**
STREET ADDRESS: **2920 MIDDLESEX RD.**
CITY-ST-ZIP: **ORLANDO FL 32803**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1. 1. TITLE: Change Add-on
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. 2. TITLE: Change Add-on
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. 3. TITLE: Change Add-on
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. 4. TITLE: Change Add-on
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. 5. TITLE: Change Add-on
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. 6. TITLE: Change Add-on
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: Stephen E. Dolive
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/1996 407-231-0557
DATE DATE OF FILING

CR2E034 (12/95)