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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000040371 (3) **DOCUMENT #**

MEM ENTERPRISES, INC.



Principal Place of	of Business	Ma	Mailing Address				r annermen, tab enter mette duter duter anner anter anter baren barb treit edane tim i bidt			
9701 SOUTH WEST 16 STREET PEMBROKE PINES FL 33025			9701 SOUTH WEST 16 STREET PEMBROKE PINES FL 33025							
							3. Date Incorporated or Qualified 05/19/1995	3a. Dat	e of Last R	eport
2. Principal Pla	ce of Business	1	Mailing Address				4. FEI Number		ļ	Applied For
21			26			65-0582791			Not Applicable	
Suite, Apt. #, etc.			7 Suite, M.D. 8, 610.			5. Certificate of Status Desired			Additional Required	
City & State			City & State			6. Election Campaign Financing	P3	\$5.0	O May Be	
23		28					Trust Fund Contribution	LJ		d to Fees
Zip	Country		Ζιρ				8. This corporation has liability for Florida Statutes		ax under s	199.032,
24	25 9. Name and Address of Current R		stered Agent		1		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	g, traine and Address of Contain	rnegio	tereu Agent	·- -	B1	Name	10, Haine and Address of Herr I	ogistered	Agent	
PITTER	CARL S									
7380 WEST ATLANTIC BOULEVARD			82 Street Add			Street Addr	dress (P.O. Box Number is Not Acceptable)			
	TE FL 33063			Ī	83					
				ŀ	84	City			85 Zi	p Code
	•				- }	,		FL	-	`
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Sect	and 60 fa. Such on 607.	i7.1508, Florida Statute 1 change was authorize .0505, Florida Statutes	is, the aboved by the c	ve-n orpo	iamed corpor pration's boa	ration submits this statement for the purify of directors. Thereby accept the app	rpose of ch ointment a	ianging its i s registered	registered office Lagent, Lam
SIGNATURE _	Signature typed or printed hame of registered agent	and the G	nord-orbit	lé . Dan stead	Anno	Laborat un anea len	od when reinstaling)	DATE		
12.	OFFICERS AND			13.	rigrs I	r segmenta si respensa	ADDITIONS/CHANGES TO OFF		D DIRECTO	DRS IN 12
TITLE	PD				, 1 TITLE				Change	☐ Addition
NAME	HIBBERT, EINSTEIN D			1.2 NA	ME					ļ
STREET ADDRESS	1038 SOUTH WEST 104 WA			1.3 ST	BEET	ADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL 33025	5		1.4 C()	TY~\$	1 - 7/P				
TIFLE	VD		[]] DELETE	2 1 111116					Change	☐ Addition
NAME	CHANCE, MICHAEL A			2.2 NAM						-
STREET ADDRESS				2.3 STF		ADDRESS				
CITY - ST - ZIP	PEMBROKE PINES FL 33029			24 CITY			eF**1.7			
TITLE	VTD HIBBERT, MICHAEL G.O.		[]] DELETE	L		*			Change	☐ Addition
NAME STOREST ABROADS	9701 SOUTH WEST 16 STR	EET		3.2 NA		Annonese				
STREET ADDRESS	PEMBROKE PINES FL 33025					ADDRESS				
CITY-ST-ZIP TITLE	S		TTI DELETE	3.4 Ct 4. 1 Tt		1-41		•	Change	Addition
NAME	HIBBERT, NADINE A		L	4.2 N						
STREET ADDRESS	1038 SOUTH WEST 104 WA	·Υ				ADDRESS				
CHY-ST-ZIP	PEMBROKE PINES FL 33029			4.4 CI						
TITLE			DELE1E	5 1 TI					Change	Addition
NAME				5 2 NA	AME					
STREET ADORESS				53 ST	REFT	ADDRESS	80000183	379	68	
CITY-ST-ZIF				5406	1Y - S	T. ZIP	-05/24/96010)230	134	
TITLE			DELETE	6 1 TI	TLE		***200.00		Change	Add tion
NAME				62 N4	AME					
STREET ADDRESS				6351	REET	ADDRESS				
CITY-ST-ZIP				64 CI	TY-S	T-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 cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with an address.