

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

PROXY
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000040371

1. Corporation Name

MEM ENTERPRISES, INC.

FILED

97 OCT 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9701 SOUTH WEST 16 STREET
PEMBROKE PINES, FL. 33025

Mailing Address
9701 SOUTH WEST 16 STREET
PEMBROKE PINES, FL. 33025

3. Date Incorporated or Qualified 05-19-1995	3a. Date of Last Report 05-01-1996
4. FEI Number 65-0582791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CARL S. PITTER
7447 NORTH WEST 57TH STREET
TAMARAC, FLORIDA 33319

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/P/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBBERT, EINSTEIN D	1.2 NAME	
STREET ADDRESS	1038 SOUTH WEST 104 WAY	1.3 STREET ADDRESS	600002333296--2
CITY-ST-ZIP	PEMBROKE PINES, FL. 33025	1.4 CITY-ST-ZIP	-10/29/97--01128--009
TITLE	P/D <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCE, MICHAEL A	2.2 NAME	
STREET ADDRESS	1281 NORTH WEST 185 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCE, MICHELLE A	3.2 NAME	
STREET ADDRESS	1281 NORTH WEST 185 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	3.4 CITY-ST-ZIP	
TITLE	VP/T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBBERT MICHAEL G.O.	4.2 NAME	
STREET ADDRESS	9701 SOUTH WEST 16TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33025	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: VICE PRESIDENT

9-19-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Person #

CR2E034 (9/96)

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MEM ENTERPRISES, INC.

**9701 South West 16th Street
Pembroke Pines, Florida 33025**

October 5, 1997

State of Florida
Annual Report Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: 1997 Annual Report
ID#: 65-0582791

Dear Sir/Madam:

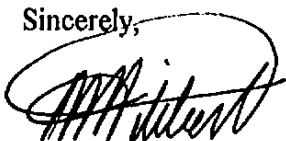
Persuant to our conversation with your office, we are now in receipt of the blank 1997 Annual Report for a Profit Corporation. Enclosed, please find the completed annual report along with our check in the amount of \$165.00 for filing our Annual Report for 1997. We are requesting that you accept our payment and process this report based on the fact that we did not receive our annual report forms from your office.

Our Corporation, MEM Enterprises, Inc. was formed in May of 1996. As a new corporation we were not fully aware of all the necessary forms to file, and therefore, did not realize that a 1997 Annual Report was due by May 1, 1997.

We spoke to someone in your office and was informed that we should send a completed 1997 annual report along with a check in the amount of \$165.00 and a note letting you know that we did not receive our annual report update form for 1997.

Your cooperation in filing this report and updating our status will be greatly appreciated.

Sincerely,



Michael Hibbert