

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041130 (2)

1. Corporation Name

FIRST MERIDIAN CORPORATION



Principal Place of Business

Mailing Address

501 BRICKELL KEY DR
SUITE 210
MIAMI FL 33131

501 BRICKELL KEY DR
SUITE 210
MIAMI FL 33131

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 601 BRICKELL KEY DRIVE

26 SAME

4. FEI Number

65-0587778

Applied For

Not Applicable

Suite, Apt. #, etc

Suite Apt #, etc.

22 SUITE 801

27

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FL

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33131

25 USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

☒ Change ☐ Addition

NAME
GERACI, JOHN D
STREET ADDRESS
501 BRICKELL KEY DR
CITY-ST-ZIP
MIAMI FL 33131

12 NAME

13 STREET ADDRESS

601 BRICKELL KEY DRIVE - SUITE 801

14 CITY-ST-ZIP

MIAMI, FL 33131

TITLE ☐ DELETE

21 TITLE

☒ Change ☐ Addition

NAME
NOONAN, THOMAS P
STREET ADDRESS
501 BRICKELL KEY DR
CITY-ST-ZIP
MIAMI FL 33131

22 NAME

23 STREET ADDRESS

601 BRICKELL KEY DRIVE - SUITE 801

24 CITY-ST-ZIP

MIAMI, FL 33131

TITLE ☐ DELETE

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE

☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE

☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 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 617, 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

6/27/96

(305) 375-0065

CR2E034 (3/96)