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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056328 1. Corporation Name

ROSEMARIE MEONI, INC.

Principal	Place	of	Business

Mailing Address

102 COLUMBIA DRIVE. SUITE 203 CAPE CANAVERAL FL 32920

102 COLUMBIA DRIVE, SUITE 203 CAPE CANAVERAL FL 32920

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90116 005 ***150.00



3. Date Incorporated or Quali	WRITE IN THIS SPACE		
07/18/1995	lifed		
	Applied Fo		
FO 0000044	Not Applica		
	\$8.75 Additions		
5. Certificate of Status Desired	ed Fee Required		
22 27 City & State City & State 6, Election Campaign Financia			
	Added to Fees		
	8. This corporation owes the current year Intangible Personal Property Tax.		
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of Ne			
81 Name			
MEONI, ROSEMARIE			
102 COLUMBIA DRIVE, SUITE 203 82 Street Address (P.O. Box Number is Not Acc	ceptable)		
CAPE CANAVERAL FL 32920			
0.0000000000000000000000000000000000000			
84 City	85 Zip Code		
	FL T		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby according to the corporation of the cor	r the purpose of changing its register 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		
	OFFICERS AND DIRECTORS IN 1		
TITLE DPT DELETE 1.5 TITLE	Change Ad		
NAME MEONI, ROSEMARIE 1.2 NAME			
STREET ADDRESS 102 COLUMBIA DRIVE, SUITE 203 1.3 STREET ADDRESS			
CITY-ST-ZIP CAPE CANAVERAL FL 32920 1.4 CITY-ST-ZIP			
TITLE DVS DELETE 2.1 FITLE	☐ Change ☐ Ad		
NAME MEONI, ROBERT 22 NAME			
STREET ADDRESS 102 COLUMBIA DRIVE, SUITE 203 2.3 STREET ADDRESS			
CITY-ST-ZIP CAPE CANAVERAL FL 32920 2.4 CITY-ST-ZIP			
TIME DELETE 3.1 TIME	☐ Change ☐ Ad		
NAME 3.2 NAME			
STREET ADDRESS 3.3 STREET ADDRESS			
CITY-ST-ZIP 3.4. CITY-ST-ZIP 3.4. TITLE DELETE 4.1 TITLE	☐ Change ☐ Ad		
STREET ADDRESS 4.3 STREET ADDRESS			
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST-ZIP	☐ Change ☐ Ad		
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE	☐ Change ☐ Ad		
4.3 STREET ADDRESS 4.3 STREET ADDRESS	☐ Change ☐ Ad		
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	☐ Change ☐ Ad		
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP			
A.3 STREET ADDRESS A.4 CITY- ST-ZIP A.4 CITY- ST-ZIP	☐ Change ☐ Ad		
A3 STREET ADDRESS A4 CITY- ST-ZIP A4 CITY- ST-ZIP			
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: