

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 # P95000063829**

1. Corporation Name

**JOEL E. MEIKRANTZ, P.A.**

Principal Place of Business

**415 W. MCKENZIE ST.  
PUNTA GORDA FL 33950**

Mailing Address

**415 W. MCKENZIE ST.  
PUNTA GORDA FL 33950**

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90122 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/17/1995**

4. FEI Number

**65-0605512**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 385 21st Avenue**

2a. Mailing Address

**26 385 21st Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Vero Beach, FL 32962**

City & State

**28 Vero Beach, FL 32962**

Zip Country

Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**MEIKRANTZ, JOEL E  
415 W. MCKENZIE ST.  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

81 Name

**MEIKRANTZ, JOEL E.**

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

**385 21st Avenue**

83 City & State

**Vero Beach, FL 32962**

84 City

**VERO BEACH, FL**

**FL**

85 Zip Code  
**32962**

11. Pursuant to the provisions of Sections 607.0503 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

*Joel E. Meikrantz*  
Signature, typed or printed name of registered agent and title if applicable

(NONE) Registered Agent signature required when reinstating

*April 23, 1999*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
MEIKRANTZ, JOEL E  
STREET ADDRESS  
415 W. MCKENZIE ST.  
CITY-ST-ZIP  
PUNTA GORDA FL 33950**

TITLE ☐ DELETE

**D  
NAME  
MEIKRANTZ, JEAN R  
STREET ADDRESS  
415 W. MCKENZIE ST.  
CITY-ST-ZIP  
PUNTA GORDA FL 33950**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**D  
MEIKRANTZ, JOEL E.**

**385 21st Avenue**

**VERO BEACH, FL 32962**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**D  
MEIKRANTZ, JEAN R.**

**385 21st Avenue**

**VERO BEACH, FL 32962**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Joel E. Meikrantz*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

( 561 ) 562-4871

CR2E034 (11/98)