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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000070803** (8)

MEACH, INC.					
Principal Place of Business	Mailing Address				
4215 CARTNAL AVENUE TAMPA FL 33624	4215 CARTNAL AVENUE TAMPA FL 33624-4600				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

FILED Jun 03 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 08/08/1996		
2. Principal Plac	e of Business		28. M	ailing Address			4. FEI Number		F	pplied For
1			26		<u>-—</u>		59-3340604			of Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28					6. Election Campaign Financing \$5.0			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
			ty & State	\$ State						
Zip 4	25	intry	29 Z	р	Count 30	гу	8. This corporation has liability for Florida Statutes	intangibl Yes	tax under :	s 199.032,
	9. Name and Ad	dress of Curre	nt Register	ed Agent			10. Name and Address of New Re	gistered	Agent	
MEACHER, STEVEN C 4215 CARTNAL AVENUE TAMPA FL 33624			8	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)				
				8	84 City E 8				35 Zip Côde	
11. Pursuant to office or reg	the provisions of S istered agent or h	octions 907.05	02 and 607	108, Florida Stat Such change wa	tutes, the abo s authorized (.1 ve-named corp by the corpora	poration submits this statement for the p tion's board of directors. I hereby acce	purpose o	f changing ointment as	its registered registered
agent. I am SIGNATURE	familiar with, and a		Settlys of G		-				1,19	
Sig	pnature, typical of prince of	ray of reference	*			goni signalare roqui	irea when reinstating)			
IZ.	<u></u> /	OTHICERS A	ND PIRECTO	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	JERS ANI	Change	HS IN 12 Addition
	MEACHER, STEV	/ MENIC	v	L Officia	1.2 NAM				Change	[_] Muditio
TREET ADDRESS	215 CARTNAL	AVENUE			4 · · · · ·	}				
	TAMPA FL 33624				1	ET ADDRESS				
TILE	THE COOL	·		DELETE	1.4 CITY 2.1 TILLE				Change	Addition
IAME					2.2 NAM	Į.				
STREET ADDRESS						I ADDRESS		•		
CITY - ST - ZIP					2 4 CITY					
TITLE				DELETE	3 1 TITLE				Change	Addition
IAME					3.2 NAM				_ •	
STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP					34 CITY	-S1-ZIP				
TITLE				DELETE	4.1 TITLE				Change	Addition
NAME					4 2 NAM	ı İ				
TREET ADDRESS					43 STHE	T ADDRESS				
CITY - ST - ZIP					4.4 DrTY	-S1 - ZiP				
ITLE				DELETE	5.1 TH LE				☐ Change	Addition
IAME					5.2 NAMI					
STREET ADDRESS					5.3 STRE	ET ADDRESS				
CITY-ST-ZIP					5.4 CITY	S1-21P				_
TITLE				DELETE	6 1 THLE				Change	Addilio
NAME					62 NAM					
STREET ADORESS					6.3 STRE	ET ADDRESS				
CITY-ST-ZIP					6.4 CITY	\$1- <i>7(</i> P				
14. I do hereby	certify that the info	ormation suppli	ed with this f	ding does not qual	alify for the or	emption state	d in Section 119.07(3)(i), Florida Statule It my signature shall have the same legand as required by Chapter 607, Florida 5	es. I furthe	r certify tha	t the