SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CQRPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088349 (2)

CYTO MERIDIAN INC.

inclpal Place of Business	Mailing Address
19 EIGHTH STREET. SW	5519 EIGHTH STREET. SW
EHIGH ACRES FL 33971	LEHIGH ACRES FL 33971

FILED Sep 19 1997 8:00am Secretary of State

0.101								
Principal Place	of Rusiness	Mailing Address				 		
•								
S519 EIGHTH STREET. SW LEHIGH ACRES FL 33971 S519 EIGHTH STREET. SW LEHIGH ACRES FL 33971			,					
						IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last R	· .	
	······································				11/17/1995	12/18/1996_		
_	ace of Business	2a. Mailing Address			4. FEI Number		oplied For	
21	# ##	26 Suite, Apt. #, etc.			NOT_APPLICABLE	□ \$8.75 A	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	7	equired		
City & State)	City & State		-	6. Election Campaign Financing	\$5.00	May 9a	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	 /	8. This corporation owes or has pa	aid the current year Inf	tangiblo	
24	25	29	30		Personal Property Tax due June		☐ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
COF	RPORATION SERVICE COMPANY		81	Name			1	
1201 HAYS STREET			82	Street	Address (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32301-2525							
			83				1	
			84	City		85 Zip	Code	
				<u> </u>		FL °		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State (m familiar with, and accept the obliga	nt Florida. Such change was a	uthorized b	v the corr	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as	ts registered registered	
SIGNATURE		HO16			required when reinstating)	DATE		
12.	Signature, typod or printed name of registered agen OFFICERS AND		13.	en sgnature	ADDITIONS/CHANGES TO OFFI		RS IN 12	
TITLE	D	☐ DELFT E	1.1 TITLE			⚠ Change	Addition	
NAME	CORNELL, PAUL		1.2 NAME					
STREET ADDRESS	2750 GULFSHORE BLVD. N. #	601	1.3 STREE	T ADDRESS	34103			
CITY-ST-ZIP	NAPLES FL 33940		1.4 City-:	ST-ZIP	, 24103	Ý		
TITLE	P	DELETE	2.1 TITLE		V	X Change	Addition	
NAME	WARNER, ROY		2.2 NAME		1376? Archer Str	eet #8		
STREET ADDRESS	1380 ARCHER ST #8		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL 33972		2.4 CITY-	ST-ZIP				
TITLE	VP .	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	MICHELL, ADRIAN		3.2 NAME					
STREET ADDRESS	5137 HEMINGWAY CIRCLE, #3	3205	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 34116	, Tell perere	3.4. CITY-	ST-ZIP	T	[] Abaca	Addition	
TITLE	D	. 💢 DELETE	4.1 TITLE		P	L Change	Addition	
NAME	CONELL, D	204	4. 2 NAME		2452 Matchellircle			
STREET ADDRESS	2750 GULFSHORE BLVD N, #1 NAPLES FL 33940	5U1		1 ADDRESS	Naples, FL. 34112			
CITY-ST-ZIP	NAPLES PL 33940	☐ DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP		Change	Addition	
TITLE		☐ breeze	5.1 THE			Change	ا المساور ب	
NAME CTREET ADDRESS				1 Address				
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-]	
TITLE		☐ DELETE	6.1 TITLE	01-211		Change	Addition	
NAME		—	6.2 NAME			v		
STREET ADDRESS			4	T ADDRESS				
CITY-ST-ZIP			64 CITY-					
14. I do heret	by certify that the information supplied	with this filing does not qualif			stated in Section 119.07(3)(i), Florida Statut	as. I further certify that	the	

Information indicated on this annual report or supplemental annual report is true and accurate and that my tam an officer or director of the corporation or the receiver or trustee empowered to execute this report as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICKIATIDE DEGI