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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090181 (5)

MEAGHER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



BOO NORTHERN WAY. #402 Winter Springs FL 32708		600 NORTHERN WAY, #402 Winter Springs FL 32708-3872					
					3. Date Incorporated or Qualified 11/20/1995	3a. Date of L	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26			APPLIED FOR 59-3	381119	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	75 Additional
22 City 8 Ct-12		27				· · · · · · · · · · · · · · · · · · ·	ee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23	Country	[26]		Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Etorida Statutes		
25 29 9. Name and Address of Current Registered Agent			[30]	10. Name and Address of New Registered Agent			
PD/	ADFORD, CARTER A	t trogratored Agent		B1 Name	to. Hame and Address of New Met	Jistereu Ageitt	
	HILLCREST ST.						
	LANDO FL 32801		Į,	Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
UNI	DANDO FL 32001		h	B3			
			L				
			[-	B4 City		FL 85	Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblige	2 and 607.1508, Florida Statu of Florida Such change was	les, the ab authorized lorida Stati	ove-named cor by the corpora	poration submits this statement for the particular points board of directors. I hereby accept		ging its registered int as registered
SIGNATURE	Signature, typed or printed name of registered age			•	ired when reinstateg)	DA1Ł	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	P	DELETE	1.1 1(1)	3.		Ch	ange L Addition
NAME	Meagher, allan r		1.2 NAI	AE .			
STREET ADDRESS	600 NORTHERN WAY, #402		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CIT	Y - ST - ZIP			
TITLE	ST	☐ DELETÉ	2.1 101	E		☐ Ch	ange Addition
NAME	MEAGHER, MARGARET M		2.2 NAI	At			
STREET ADDRESS			2.3 STR	FET ADDRESS	$\mathbf{v}^{*}=\mathbf{v}^{*}$		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2. 4 CITY - S1 - ZIP				
TITLE		☐ DELETE	3.1 101	.E	•	☐ Ch	ange Addition
NAME			. 3.2 NA	AF .			
STREET ADORESS			3.3 ST6	EE1 ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y - \$1 - 7IP			
TITLE		☐ DELF1E	4.1 107	E		∭ Ch	ange 🔲 Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 \$16	EL1 ADDRESS			
CITY-ST-ZIP		*	4.4 CIT	Y-S1-7IP			
TITLE		☐ DELETE 5.1 TI		.F		☐ Ch	ange
NAME			5.2 NAI	NE			
STREET ADDRESS			5.3 STR	EL1 ADDRESS			
CITY-ST-ZIP			5.4 CH	Y - \$1 - 71P			
TITLE .	4 47	DELETE	6.1 TH	E		☐ Ch	ange 🔲 Addition
NAME			6 2 NA	AE			
STREET ADDRESS	p ¹ v		6.3 STH	ELI ADDRESS			
CITY-ST-ZIP			Commence of the contract of the contract of	Y- ST- 7IP			
1 4. 1 do here!	by certify that the information supplied	I with this filing does not goal	ify for the c	examplian state	ed in Section 119.07/3)(a) Florida Statutes	I further certify	that the

14. For nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurcher 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 tam an officer or director of the corporation or the receiver or trustee empowered to execute this report an equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

CIGNATURE.

d for an attachment with an address.

4.25-97 402.866.425