

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000093593 (8)
 1. Corporation Name
MISS MEGHAN, INC.



Principal Place of Business 6623 WALDORF CT NEW PORT RICHEY FL 34655	Mailing Address 6623 WALDORF CT NEW PORT RICHEY FL 34655-3713
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3. Date Incorporated or Qualified 12/08/1995	3a. Date of Last Report 07/23/1996
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2. Principal Place of Business 21 1058 Island Ave.	2a. Mailing Address 26 1058 Island Ave
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State TARPON SPRINGS, FL	28 City & State TARPON SPRINGS, FL
24 Zip 34689	25 Country US
29 Zip 34689	30 Country USA

4. FEI Number 59-3357949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FOX, GREGORY A
28050 US HWY 19
SUITE 100
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEONARD, DON	
STREET ADDRESS	6623 WALDORF CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	LEONARD, ELROY	
STREET ADDRESS	6623 WALDORF CT	
CITY - ST - ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON LEONARD	
1.3 STREET ADDRESS	1058 Island Ave	
1.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELROY LEONARD	
2.3 STREET ADDRESS	910 COPAS Rd. SW	
2.4 CITY - ST - ZIP	Shallotte, NC 28470	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: Don Leonard **DON LEONARD** **813 934-4657**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)