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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT 📽 STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020290 (8)

MEL-RE ASSOCIATES, INC.

CITY-ST-ZIP

Mailing Address Principal Place of Business 12670 NEW BRITTANY BLVD. 12670 NEW BRITTANY BLVD. SUITE 203 SUITE 203 FORT MYERS FL 33907-3650 FORT MYERS FL 33907 3. Date incorporated or Qualified 3a. Date of Last Report 03/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0653702 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 63 FORT MYERS FL 33907 84 City Zip Code Fl 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President DELETE Change Addition TITLE 1.1 TITLE Edward D. Adkins 1.2 NAME NAME 121/10 New Brittany Blud. # 203 000002224260--STREET ADDRESS 1.3 STREET ADDRESS Ft. Myers, Florida CITY-ST-ZIP 1.4 CITY-ST-70P \*\*\*\*1<del>65,0</del>0-- \*\*\*\* 165 - 00 anion DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS z. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREE ADDRESS CITY-- 71P 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CH1Y-S1-7IP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY-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 Statules. 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 eath; that I am an efficer or director of the correctation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if (panel), or on an attachment with an address.

AND)

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SECRETARY OF STATE TALLAMASSEE, FLORIDA

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