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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021857 (3)

MEAD INVESTMENTS, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		s reduced ung rame atter dater dater dater dater reder tinger intel bette fabl	
2415 NW 89TH TERRACE		2415 NW 89TH TERRACE			
MIAMI FL 33147		MIAMI FL 33147		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	113 SPACE
				03/11/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2419 N.W 915+		26 2419 N.W	913+	65-0680167	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22 Miami Fl		27 Miami Fl	•	5. Certificate of Status Desired	Fee Required
City & Stale		City & State		6. Election Campaign Financing	\$5.00 May Be
23 33/4	f /	28 33147		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes or has paid the	
24	[25]		0	Personal Property Tax due June 30.	Yes No
	e, Name and Address of Curre	ent Registered Agent	81 Name /	10. Name and Address of New Register	red Agent
JONES, ROGERS JR				ogers Jones JR	
2415 NW 89TH TERRACE				ecs (P.O. Box Number is Not Acceptable)	······
MIAMI FL 33147			83 0.412	1 N.W 910.	
			" Mian	ni Fl 3314	· 7
}			84 City		85 Zip Code
		00 1 1007 1100 11 14 15			EL BS 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signalure Spied or preside runne of registral as	E	Registered Agent's gnature require	4-29	1-78
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ADDITIONAL ANGLES TO CITTOLING	Change Addition
NAME	JONES, ROGERS J		1.2 NAME		
STREET ADDRESS	2415 N.W. 89TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CiTY-ST-ZIP		
TITLE	VP	DELETE	2 1 TITLE		Change Addition
NAME	JONES, ROGERS S		2.2 NAME		
STREET ADDRESS	5309 N.W. 24 CT		2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
4 5 1 1	The state of the s	2.1 .1 .2 .2		5	

I 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.

305 694-9311