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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000024729 (6)

MEYCO, INC.

Principal Place of Business

Mailing Address

FILED

97 MAY -1 PM 2: 47

SECRETARY OF STATE TALLAHASSEE FLORIDA



| 67 S.W. 12TH WAY BOGA RATON F: 33486 | | 173 CAMINO REAL WEST BOCA RATON FL 33432-5941 | | | | | | | | | |
|---|--|--|---------------|-----------------|-------------------------|--|-----------------------------------|--------------|-----------------------|--------------------------------|-----------|
| | | | | | | 3. Date Incorporated 03/20/1996 | or Qualified | | e of Last i | Report | |
| | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | _ | | A | pplied For |] |
| | AMINO REAL WEST | 26 | | | | 65-06-8912 | 5 | ···· | | ot Applicable | 1 |
| Suite. Apt | #. etc. | Suite, Apt. #, etc. | | | 5. Certificate of State | us Desired | | - | Additional equired | | |
| City & State BOCA | A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | City & State | | | | 6. Election Campaig Trust Fund Contri | - | | | May Be to Fees | |
| Zip 334 | 32 25 USA | Z(p) | | | | This corporation has liability for intangible t Florida Statutes Yes | | | tex under s. 199.032, | | |
| | Name and Address of Current | Registered Agent | | | | 10. Name and Addre | es of New Re | glatered A | gent | |] |
| COY | 'LE, PENELOPE | | | 61 | Name | | | | | | 1 |
| 67 5 | S.W. 12TH WAY | | 82 Street Ad | | | ddress (P.O. Box Number is Not Acceptable) | | | | | |
| 800 | CA RATON FL 33486 | | | 63 | | , | | | | | - |
| | | | | - | | | | | T | | 1 |
| | | | | 84 | City | | light | FL | 85 Zip | Code | - |
| office or n | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | al Florida. Such change was | authorize | d by I | lhe corporal | poration submits this state tion's board of directors. | ement for the p I hereby accep | ourpose of o | changing Intmont a | its registered s registered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and lifte if applicable (NO | IE: Rogisters | d Agen | luper enulangia | red when reinstating) | | DATE | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHAN | GES TO OFFIC | ERS AND | DIRECTO | RS IN 12 | 18 |
| TITLE | P | ☐ DELETE | 1.1 T | TLE | | 1 🗆 | | 162 | a cong | 1 - Addition | }ð{ |
| NAME | COYLE, PENELOPE | | 12 N | AME | | #L Tand | -በፍ/በ | 1/97- | 01109 | ;001 | 2 |
| STREET ADDRESS | 67 SW 12TH WAY | | 135 | | ODRESS | • | 旅旅旅旅 | 165.00 | *** | ;001 *165.00 | ١È |
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| NAME | MEYER, SUSAN L | | 22 N | AME | | | ï | | | | |
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| NAME | MEYER, SCOTT | | 3.2 N | AME | | | | | | | |
| STREET ADDRESS | 67 SW 12TH WAY | | 3.3 S | TREET A | DORESS | • | | * | | | 1 |
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| | by certify that the information supplied | with this filing does not qual | | | | d In Section 119.07(3)(i), | Florida Statute | s. I further | certify the | the / | \forall |

amountained included on this armust report or supperhenter armust report is true and accurate and that my signature shall have the same legal effect as if made under of tam 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.