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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9600056162  1. Corporation Name MEG ONE SOUTH BEACH LIMITED, INC.								11 B 1 B 1 B 1 B 1 B 1
B : : 18		As-time Andreas						
Principal Place		Mailing Address						
2404 HOLLYWOOD BLVD. 2404 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				•				
						DO NOT WRITE	IN THIS SPACE	
						Date Incorporated or Qualifed 06/28/1996	. •.	
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number	_	Applied For
21		26		_		<u>65-0704734</u>	<b>#0</b> -	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			√5.	Certifcate of Status Desired	1 1	5 Additional e Required
City & State		City & State		_		Clastica Campaign Cinemains		00 May Be
23	<del>.</del>	28			6.	Election Campaign Financing Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Coun	try	8	This corporation owes the curren		
24	25	29 3	_	•	0.	Personal Property Tax.	Yes	□No
1	9. Name and Address of Currer				10.	Name and Address of New Re	gistered Agent	
DELL	OTENEN IAW			81 Name			•	
	., STEVEN JAY		-  -	B2 Street Add	dress (P	O. Box Number is Not Acceptab	le)	-
2404 HOLLYWOOD BLVD.					,	<u> </u>		
HUL	LYWOOD FL 33020			B3				
			l,	B4 City			85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							FL "	- 14 1 - 4 4
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 607.1508, Florida Statutes of Florida, Such change was autl	, the abo horized	ove-named cor by the comorat	poration tion's bo	n submits this statement for the property of directors. I hereby accept	urpose of changin the appointment a	g its registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	ia Statut	es.		•		
SIGNATURE		4975					DATE .	
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	gent signature requir		ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	PVST	DELETE	1.1 TITL	<u> </u>		ADDITIONOS OFFICIONES	☐ Cha	
NAME	DELL, MERYL		1.2 NAM					
STREET ADDRESS	2404 HOLLYWOOD BLVD.		1	EET ADDRESS		٠		ĺ
CITY-ST-ZIP	HOLLYWOOD FL 33020		1	/-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITL				☐ Cha	nge 🗌 Addition
NAME	DELL, MERYL		2.2 NAX	Œ	4	والمتحل والمتحال والمتحال والمتحال		j
STREET ADDRESS	2404 HOLLYWOOD BLVD.		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CIT	Y-ST-ZIP				
TITLE	VD	☐ DELETE	3.1 TITL				Cha	nge 🔲 Addition
NAME ,	DELL, STEVEN JAY		3.2 NAN	AE				
STREET ADDRESS	2404 HOLLYWOOD BLVD.		3.3 STR	EET ADDRESS			-	•
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	E		•	☐ Cha	nge 🗌 Addition
NAME			4. 2 NA	ME				
STREET ADDRESS	•		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	·		4.4 CITY	/-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITL	.E ]			Cha	nge
NAME			5.2 NAN	l l				}
STREET ADDRESS				EET ADDRESS		•		İ
CITY-ST-ZIP				/-ST-ZIP				
TITLE	•	☐ DELETE	6.1 TITL	E			☐ Cha	nge 🔲 Addition

CITY-ST-ZIP 14. 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS