Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90107 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600063392

1. Corporation Name

M.E.G. REALTY, INC.

Principal Place	of Business	Mailing Address						
1328 S OCEAN DR 1328 S OCEAN DR								
FT LAUDERDALE FL 33316 FT LAUDERDALE					DO NOT WRITE IN THIS SPACE			
						PACE		
					3. Date Incorporated or Qualifed 07/26/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applie	d For	
21		26			65-0694108	Not Ar	pplicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Addi	itional	
22	•	27			5. Certifcate of Status Desired	Fee Requir	red	
City & State	a ~	City & State			6. Election Campaign Financing	\$5.00 May	y Be	
23		28			Trust Fund Contribution	Added to Fe	ees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta			
24	25	29	<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T Grootian Froperty Taxo	□_Yes □t	No	
	9. Name and Address of Current	Registered Agent	·	1	10. Name and Address of New Registered A	gent		
0.45	050 444DI4 5		81	Name				
GARCES, MARIA E			82	Street Add	dress (P.O. Box Number is Not Acceptable)	_		
1328 S OCEAN DR FT LAUDERDALE FL 33316					<u> </u>			
FIE	AUDERDALE FL 333 10	,	83				İ	
			84	City	Fi	85 Zip Code	e	
]	<u>FL</u>	<u> </u>		
-66	naintarad agant or both in the State (y Elacida. Such change was allfr	innzed hv	the comorat	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoint	nanging its reg ment as regist	ered .	
agent. I a	n familiar with, and an ept-the obligat	ions of, Section 607.0505, Florida	a Statutes	i		_	}	
	Signature, typed or printed name of redistered agent			700.EZ	·		\	
			•	nt signature requir	red when reinstating) DATE	- DECTORO		
12.	OFFIGERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND		Addition	
TITLE	P	• 🗆 DELETE	1.1 TITLE			∐ Change [
NAME	GARCES, MARIA E		1.2 NAME				1	
STREET ADDRESS	1328 S OCEAN DR		1.3 STREE	TADORESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			Addition	
TITLE	☐ DELETE 2.11		2.1 TITLE			Change [Addition	
NAME			2.2 NAME				- 1	
STREET ADDRESS	•			TADDRESS			Į	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change [Addition	
TITLE		□ DELETE	3.1 TITLE			L3 Change [
NAME	•		3.2 NAME			•	1	
STREET ADDRESS	•			TADDRESS				
CITY-ST-ZIP			3.A. CITY-5	ST-ZIP		Change [☐ Addition	
TITLE	·	☐ DELETE	4.1 TITLE			□ ∧ rende 1		
NAME			4. 2 NAME		•		ļ	
STREET ADDRESS			E .	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>	Change	Addition	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	רו אממוומנון	
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREE	TADDRESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY+ST+ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition