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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000073677 (2)

MEAGHER TRADING, INC.

## FILED Jun 03 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address						<b>11</b> km (4) 110	
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						·	D 38.	Date of Last H	aport
2. Principal P	lace of Business	2a. Mailing Address	··-			4. FEI Number			olied For
21		26	26			59-344-84	35		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	П	\$8.75	Additional
22		27				5. CEMINOALE OF STATES DESIFED		Fee Re	quired
City & Stat	e	<b>⊢</b> , ' '				1			
<b>23</b> Zip	Country	<del></del>				···			
24				ч. у		1 '		CTC-1-	199.032,
	9. Name and Address of Curre	Suito, Apt. #. etc.    Suito, Apt. #. etc.							
MEA	GHER, IOANA			<b>81</b> Na	me				
3708 PINE RIDGE RD				82 Str	eet Addre	address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32808		Ĺ	l					<u> </u>
				83					
			İ	<b>84</b> Cit	,			85 Zip (	Code
44 Character	to the populations of Chattons 607.00	29 and 607 1509 Florida Ctatud				aratia - damita this alatawa t for th			
office or r	egistered agent, or both, in the State	e of Florida. Such change was :	authorized	by the	corporation	on's board of directors. I hereby ac	ept the at	or changing its opointment as	registered
· -	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Stati	iles.					
SIGNATURE	Signature, typed or printed name of registered ag	en! and tille if applicable (NO)	E Registered	Agent sign	ature require	ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				FICERS A	ND DIRECTOR	S IN 12
TITLE		☐ DELETE	1.1 111	.E	t.	-		Change	Addition
NAME			12 NA	ME	۲	IEAGHER, IOANA	- ^		
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CITY-ST-ZIP				Y-ST-ZIP	_	T			
i 16. ido berel	ny certify that the information survolid	ia with thie tiling done not quali	iv tor the c	vomntie	n etator	in Section 110 (17/2)(i) Florida Stati	mor Liferth	or corlify that "	thin

14. To nereby certify that the information supplied with this filing goes not quality for the exemption stated in Section 119.07(3)(i), Forda 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 tho 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 phanged, or on an attachment with an address.

CIONATURE

LIOANA MEAGHER

4/27/97

407-578-1075