

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. McEacham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUL -2 PM 11:11

SECRETARY OF STATE

DOCUMENT # P96000088345 (9)

MEATLOAF MANAGEMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 801815  
NORTH MIAMI BEACH FL 33160-1815

P.O. BOX 801815  
NORTH MIAMI BEACH FL 33160-1815

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 10317 ROYAL PALM BLVD

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS, FL

Zip

24 33065

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

65-0708389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

SAMUELS, HARRY M  
3143 ARBOR LANE  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

STEVEN L LABINER

82 Street Address (P.O. Box Number is Not Acceptable)

10317 ROYAL PALM BLVD.

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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.

SIGNATURE

(X) STEVEN LABINER (PRESIDENT)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

6-10-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
0  
LABINER, STEVEN L  
8021 OAKHILL LANE  
DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME STEVEN L LABINER

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: (X) STEVEN LABINER (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

0220679

June 25, 1998

**H**ARRY M. SAMUEL **S**  
ACCOUNTANT & FINANCIAL ADVISOR

Florida Dept. of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Meatloaf Management, Inc. #P96000088345

Dear Sir/Madam:

Enclosed herewith, please find a copy of your letter of June 15th, with original attachments, regarding the annual renewal of my client's corporation.

Also enclosed, please find a copy of my letter of June 8th, addressing the reasons for the late filing of the renewal documents.

As stated, my office shows that the original form was sent to my client, but my client has no record of receiving the form. No reminder or second notice was sent to my office by the state, so no follow-up was initiated by my office.

This is the first year of existence of the Corporation, so my client would have no prior knowledge of the timing or procedural requirements of the renewal process.

When we called the Dept. of State, we were advised that due to the nature of the problem, the late fee could be waived. I am asking for your consideration in doing so.


I have suggested that my client assume the role of Registered Agent and we have changed the mailing address to the address of the Corporation, so as to avoid any future problems.

In the interim, I am respectfully requesting the abatement of the late fee so as to not add to the financial burden of a struggling young company and as an act of kindness on your part.

Please accept this payment of \$150.00 as full payment of the renewal fees.

Thank you in advance for your consideration in this matter.

Very truly yours,



Harry M Samuels  
HMS:ap