

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

FILED
Apr 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000095435 (9)

1. Corporation Name
B.C. MEREDITH, INC.

Principal Place of Business

1711 LANDO LANE
ORLANDO FL 32806

Mailing Address

1711 LANDO LANE
ORLANDO FL 32806



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 2b. Suite, Apt. #, etc. | | 11/22/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3423324 | |
| 24 Country | | 30 Country | | 5. Certificate of Status Desired | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | 7. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |
| | | | | Yes No | |

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6843

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|------------------|---|--------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | P |
| NAME | COONEY, ROBERT M | 1.2 NAME | COONEY, ROBERT M |
| STREET ADDRESS | 1711 LANDO LANE | 1.3 STREET ADDRESS | 1711 LANDO LANE |
| CITY - ST - ZIP | ORLANDO FL 32806 | 1.4 CITY - ST - ZIP | ORLANDO, FL. 32806 |
| TITLE | | 2.1 TITLE | DEBRA, COONEY L. |
| NAME | | 2.2 NAME | DEBRA, COONEY L. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1711 LANDO LANE |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | ORLANDO, FL. 32806 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

Robert M Cooney

Apr 19 1998

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CR2E034 (10/97)