

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 26 PM 2:16

DOCUMENT # P97000005031

1. Corporation Name

MEATRA, INC.

Principal Place of Business

Mailing Address

1515 SOUTH FEDERAL HIGHWAY
SUITE 103
BOCA RATON, FL 33432

1515 SOUTH FEDERAL HIGHWAY
SUITE 103
BOCA RATON, FL 33432

06-13-99 01003 008 \$145.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

1/16/97

4. FEI Number

65-0733258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1515 SOUTH FEDERAL HWY

26 1515 SOUTH FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 103

27 SUITE 103

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33432

25

USA

29 33432

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOERTZ, THOMAS
1515 SOUTH FEDERAL HIGHWAY, #103
BOCA RATON, FL 33432

81 Name

BLODIG, GREGORY J.

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

100 W. CYPRESS CREEK RD.

83

SUITE 700

84 City

FT. LAUDERDALE,

FL

85 Zip Code

33309

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, for 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

GREGORY J. BLODIG

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOERTZ, THOMAS	1.2 NAME	
STREET ADDRESS	1515 SOUTH FEDERAL HWY, SUITE 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOERTZ, HERBERT P.	2.2 NAME	GOERTZ, HERBERT P.
STREET ADDRESS	1515 SOUTH FEDERAL HWY., SUITE 103	2.3 STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, SUITE 103
CITY-ST-ZIP	BOCA RATON, FL 33432	2.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert P. Goertz, Pres.

Date

Daytime Phone #

CR2E034 (11/98)