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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jan 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000025531 (9) MEINCH ENTERPRISÉS, INC. Mailing Address Principal Place of Business 13712 - 66TH STREET, NORTH 13712 - 66TH STREET. NORTH LARGO FL 33771 **LARGO FL 33771** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0740689 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fung Contribution Added to Fees 28 23 mis corporation owes or has paid the current year Intangible 24 25 29 30 X Yes □ No Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALONSO, PATRICK J 9714 - 121 STREET, NORTH Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 33772 83 84 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE MEINCH, JOHN E II NAME 1.2 NAME 10619 SEMINOLE FOREST STREET, WEST STREET ADDRESS 1.3 STREET ADDRESS **LARGO FL 33778** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE

6.1 TITLE

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 13 if changed, or on an all accumant with an address.

Change

Addition

**FILED**