

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90183 018 \*\*\*150.00

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DOCUMENT # P97000037724

1. Corporation Name

M.E. LIQUIDATION CORP.

Principal Place of Business

521 NW 13TH ST.  
GAINESVILLE FL 32601

Mailing Address

521 NW 13TH ST.  
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

59-3467490

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

21 10411 Cory Lake Drive

2a. Mailing Address

26 10411 Cory Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa, FL

27 Tampa, FL

City & State

City & State

23 33647 Hillsborough

28 33647 Hillsborough

Zip Country

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

GORE, MICHAEL D

521 NW 13TH ST.  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

10411 Cory Lake Dr

83

84 City Tampa

FL

85 Zip Code 33647

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

Michael D. Gore

(NOTE: Registered Agent signature required when reinstating)

1/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPST  
GORE, ARTHUR J  
STREET ADDRESS 521 NW 13TH ST.  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME D  
SHUKOVSKY, DAVID J  
STREET ADDRESS 7604 ALISTER MACKENZIE DR.  
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ DELETE

NAME VP  
GORE, MICHAEL D  
STREET ADDRESS 521 NW 13TH ST  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME D  
SHUKOUSKY, LAYRA  
STREET ADDRESS 7604 ALISTER MACKENZIE DR  
CITY-ST-ZIP SARASOTA FL 34240

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 10411 Cory Lake Drive  
1.3 STREET ADDRESS Tampa, FL 33647  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 10411 Cory Lake Drive  
2.3 STREET ADDRESS Tampa, FL 33647  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 10411 Cory Lake Dr  
3.3 STREET ADDRESS Tampa, FL 33647  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 10411 Cory Lake Dr  
4.3 STREET ADDRESS Tampa FL 33647  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)