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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058935 (2)

MEY - ZALE, CORP.

Principal Place							
	e of Business	Mailing Address			-{		D)
	ANE SOUTHEAST	227 KILMER LANE SC					
WINTER HAVEN FL 33884		WINTER HAVEN FL 33884			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					07/01/1997		
2 Principal PI	ace of Business	2a, Mailing Address			4 FEI Number	I Ac	plied For
1002 E. STUMET AUG.		26 SALLEAS >		4. FEI Number 59-3454480	<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
2	_	27			5. Certificate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo
3 LANCE	Walos, FL	28			Trust Fund Contribution	Added 1	
<u> </u>		Zip	Count	ту	8. This corporation owes or has paid the d		
7 3385	S3 POHL	29	30		Personal Property Tax due June 30.		No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ME	YER, KATHLEEN A		8	1 Name			
222 EAST STEWART AVENUE STUBET					(D.O. D. 11)		
				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
LAIN	E WALES PL 33033		8	3			
				I			
			8	4 City		85 Zip (Code
		0500 1007 4500 51 11 00			F		
office or re	naistered agent or both in the S	tate of Florida. Such change w	atutes, the abor	ve-named corpora	poration submits this statement for the purpose	of changing it	s registered
office or re	o the provisions of Sections 607. ogistered agent, or both, in the S n familiar with, and accept the o	tate of Florida. Such change w	atutes, the abor	ve-named corpora		of changing it	s registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the S in familiar with, and accept the o	tate of Florida. Such change w bligations of, Section 607,0505	atutes, the abor as authorized to Florida Statute	ve-named corpora by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing it ppointment as	s registered
office or ro agent. I ar SIGNATURE	ogistered agent, or both, in the S in familiar with, and accept the o	tate of Florida. Such change with bligations of, Section 607.0505	atutes, the abor as authorized to Florida Statute	ve-named corpora by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered
office or reagent. I an SIGNATURE	ogistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of rugistere OFFICERS	late of Florida, Such change with bligations of, Section 607,0505 agents and title if applicable AND DIRECTORS	atutes, the aboras authorized to Florida Statute NOTE Registered A	ve-named corpora by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing it ppointment as	s registered registered
office or reagent. I an SIGNATURE 12.	ogistered agent, or both, in the S in familiar with, and accept the o Signature, typed or printed harve of registere OFFICERS	tate of Florida. Such change with bligations of, Section 607.0505	atutes, the aboras authorized to Florida Statute INOTE Registered A. 13.	ve-named corpora by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered
office or roagent. I an SIGNATURE 12. TITLE NAME	agistered agent, or both, in the S in familiar with, and accept the o Signature, typed or printed name of registere OFFICERS PD MEYER, KATHLEEN A	tate of Florida. Such change with bligations of, Section 607.0505 dispersion of applicable (AND DIRECTORS) DELETE	atutes, the aboras authorized to Florida Statute NOTE Registered A 13. 1.1 TITLE	ve-named corpora by the corpora es. gent signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered
office or roagent. I an SIGNATURE 12. TITLE NAME	agistered agent, or both, in the S in familiar with, and accept the o Signature, typed or printed name of registere OFFICERS PD MEYER, KATHLEEN A 227 KILMER LANE SOUTH	tate of Florida. Such change with bligations of, Section 607.0505 dispersion of applicable (AND DIRECTORS) DELETE	atures, the aboras authorized to the statute of the	ve-named corpora by the corpora gent eignature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered
office or reagent. I ar agent. I ar SIGNATURE 12. 11ILE NAME STREET ADDRESS CITY-ST-ZP	agistered agent, or both, in the S n familiar with, and accept the o Signature, typed or printed name of registere OFFICERS PD MEYER, KATHLEEN A 227 KILMER LANE SOUTH WINTER HAVEN FL 33884	tate of Florida. Such change with the provided service of the deposition of the depo	atures, the aborate as authorized & Florida Statute INOTE Registered A 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ve-named corporates. gent signature requirements. ET ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered S IN 12
office or reagent. I ar SIGNATURE 12. 11ILE NAME STREET ADDRESS CHY-ST-ZP	agistered agent, or both, in the S n familiar with, and accept the o Signature, typed or printed name of registere OFFICERS PD MEYER, KATHLEEN A 227 KILMER LANE SOUTH WINTER HAVEN FL 33884 STD	tate of Florida. Such change with bligations of, Section 607.0505 dispersion of applicable (AND DIRECTORS) DELETE	atures, the aboras authorized to the statute of the	ve-named corporates. gent signature requirements. ET ADDRESS ST-ZIP	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered
office or reagent. I are agent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE	agistered agent, or both, in the S n familiar with, and accept the o Signature, typed or printed name of registere OFFICERS PD MEYER, KATHLEEN A 227 KILMER LANE SOUTH WINTER HAVEN FL 33884	tate of Florida. Such change with the provided service of the deposition of the depo	atures, the aborate as authorized & Florida Statute INOTE Registered A 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ve-named cor, by the corporal signature required to the signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered S IN 12
office or re agent. I ar SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	agistered agent, or both, in the S n familiar with, and accept the o Signature, typed or printed name of registere OFFICERS PD MEYER, KATHLEEN A 227 KILMER LANE SOUTH WINTER HAVEN FL 33884 STD	late of Florida Such change with bligations of, Section 607.0506 d agent and title if applicable (AND DIRECTORS) DELETE DELETE	atures, the aboras authorized to as authorized to a statute to the	ve-named cor, by the corporal signature required to the signature requ	poration submits this statement for the purpose tion's board of directors. I hereby accept the a ired whon reinstaling)	of changing it ppointment as	s registered registered S IN 12
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3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1

6.2

6.3.5

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

Y-ST-ZIP

EET ADDRESS

EET ADDRESS

34. CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if chargod, or on an affectment with an address.

-ST-ZIP haption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

198 941-67

FILED

Mar 24 1998 8:00am

Secretary of State

941-678-1870

Change

Change

Change

Addition

Addition

Addition

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP