

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000062640

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90203 025 ***150.00

MEBE F	OODS, INC.								
Principal Plac	e of Business	Mailing Address				1 SMELTONS CER INIBI CRIST CR	tiin Mittit itiniem i	1141 5 11918 A 4	113 Erött ##11 16.01
2950 HARTLEY JACKSONVILLE	2950 HARTLEY ROAD WEST JACKSONVILLE FL 32257				. DO NOT WRITE IN THIS SPACE				
					ĺ	3. Date incorporated or Qualifed 07/10/1998			
2 Principal P	lace of Business	2a. Mailing Address				4 FFI Number			Applied For
21		26			1	59-3521731			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	е	City & State			-	6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Country	у		8. This corporation owes the curr	ent year inta	ngible	[
24	25	29 3	10		[Personal Property Tax.		Yes	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	tegistered /	gent	
61.0	TT APNOLD M		81	l Name					
SLOTT, ARNOLD H 334 EAST DUVAL STREET			82	82 Street Addr		s (P.O. Box Number is Not Accepta	able)		
JAC	KSONVILLE FL 32202		83	3					
			84	1			FL	1 1	Code
11, Pursuant office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such change was auth	, the above	re-named or the corpo	corporation's	ation submits this statement for the is board of directors. I hereby accep	purpose of on the appoint	ment as	registered
11. Pursuant office or n agent. I a SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of	and title if applicable. (NOTE: Ru	legistered Age			then reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent. OFFICERS AND	and tile if applicable. (NOTE: R.) DIRECTORS	13.		equired w	nen refrietating) ADDITIONS/CHANGES TO OF	DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: Ru	13.	ora signaturo re	D/I	non refretating) ADDITIONS/CHANGES TO OF	DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or prised name of registered agent. OFFICERS AND D BLOCK, MICHELE E	and tile if applicable. (NOTE: R.) DIRECTORS	13. 1.1 TITLE	ord signature re	D/I Blo	ADDITIONS/CHANGES TO OF P/S/T ock, Michele E.	DATE	DIRECT	ORS IN 12
SIGNATURE 12. TITLE	OFFICERS AND BLOCK, MICHELE E 2960 HARTLEY ROAD WEST	and tile if applicable. (NOTE: R.) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature re	D/I Blo	ADDITIONS/CHANGES TO OF P/S/T DCk, Michele E 60 Hartley Rd, W.	DATE FICERS AN	DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or prised name of registered agent. OFFICERS AND D BLOCK, MICHELE E	and life if applicable. (NOTE: Ru D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	ent signature re	D/I Blo	ADDITIONS/CHANGES TO OF P/S/T ock, Michele E.	DATE FICERS AN	D DIRECT	ORS IN 12
SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND BLOCK, MICHELE E 2960 HARTLEY ROAD WEST	and tile if applicable. (NOTE: R.) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	erd signature re	D/I Blo	ADDITIONS/CHANGES TO OF P/S/T DCk, Michele E 60 Hartley Rd, W.	DATE FICERS AN	DIRECT	ORS IN 12
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Interest certain that annual report or supplier with this half does not quality to the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or fusite 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, pcon an attachment with an address with all other fike empowered.

SIGNATURE: _

(904)268-8999

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