PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075722

1. Corporation Name

Principal Place of Business

THE MECKLER RESEARCH AND DEVELOPMENT GROUP, INC.

Mailing Address

10269 HUNT CLUB LANE PALM BEACH GARDENS FL 33418		10269 HUNT CLUB LANE PALM BEACH GARDENS FL 33418				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/31/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21	• • •	26				65-0860086	1	lot Applicable	
Suite, Apt. #, etc. Suite, Apt.			#, etc.				\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee F	Required	
City & State City & State						6. Election Campaign Financing	\$5.0	May Be	
23 28						Trust Fund Contribution		to Fees	
Zip Country Zip			Cou	Country		8. This corporation owes the current year Inta	ngible		
24	25 29 30			آر آر		Personal Property Tax.	☐ Yes	₩No	
24	9. Name and Address of Current			Γ		10. Name and Address of New Registered	Agent		
	***			81	Name	•			
BERMAN, BRIAN M				82	O4 A A A A	ress (P.O. Box Number is Not Acceptable)			
10269 HUNT CLUB LANE				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS FL 33418				83					
				84	City		85 Zij	Code	
	_	<u> </u>			•	<u> </u>	·	}	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was	authorized	יעם ב	the corporati	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	cnanging i itment as	ts registered registered	
SIGNATURE						ad when reinstation) DATE	·	(
				Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
12.			13. 1.1 Ti			ADDITIONS/CHANGES TO OFFICERS AN	Change		
TITLE	D								
NAME	BERMAN, BRIAN M		1.2 N		Ì			}	
STREET ADDRESS 10269 HUNT CLUB LANE			1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL 33			TY-SI	r-ZIP		Change		
TITLE	DELETE 2.11		TLE			LI Chang	e		
NAME	22		2.2 N	AME				1	
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			2.40	ITY-S	T-ZIP				
TITLE	☐ DELETE 3.1		3,1 T	ITLE			☐ Chang	e	
NAME			3.2 N	AME	J			J	
STREET ADDRESS			3.3 S	TREET	ADDRESS	•			
CITY-ST-ZIP	i		3.4. C	ITY-S	T-ZIP				
TITLE	DELETÉ 4.1		4.1 TI	TLE			Chang	e 🗌 Addition	
NAME	• •		4. 2 N	IAME	1				
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-SI	r-zi p				
TITLE		☐ DELETE	5.1 T				Chang	e 🗀 Addition	
					1				
NAME			5.2 N	AME					
STREET ADDRESS					ADDRESS				
			5.3 S 5.4 C	TREET					
STREET ADDRESS		☐ DELETE	5.3 S	TREET ITY-ST		·	☐ Chang	e Addition	

14. I hereby certify that the information supplied with this filling 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 chapted, or on the attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY+ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

9549201843

Mar 25, 1999 8:00 am

Secretary of State

03-25-1999 90018 046 ***150.00