PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000084796 1. Comporation Name

MERONE CORPORATION

| Principal Place of Business |        |  |  |  |  |  |  |  |  |  |
|-----------------------------|--------|--|--|--|--|--|--|--|--|--|
| 1702 S. WASHINGTON          | I AVE. |  |  |  |  |  |  |  |  |  |
|                             |        |  |  |  |  |  |  |  |  |  |

## **FILED** Mar 10, 1999 8:00 am Secretary of State

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| 1 morpai i lace   | , O. Duo                     |                                   | •   |                       |                        |  |               |             |            |            |
|---|------------------------------|-----------------------------------|---|-----------------------|------------------------|--|---------------|-------------|------------|------------|
| 1702 S. WASHINGTON AVE. 1702 S. WASHINGTON AVE. TITUSVILLE FL 32780 TITUSVILLE FL 32780 |                              |                                   |   |                       |                        |  |               |             |            |            |
| THOUSILLE TE  | JE 100                       |                                   | 1770011220 1 2 3 5 1 1 1  |                       |                        | DO NO1   | WRITE IN 1    | THIS SPACE  | <u>=</u>   |            |
|   |                              |                                   |   |                       |                        | <ol> <li>Date Incorporated or Qu<br/>10/02/1998</li> </ol>                 | alifed        |             | _          | -"         |
| 2 Principal Pl  | ace of Business              |                                   | 2a. Mailing Address   |                       |                        | 4. FEI Number  |               |             | Appl       | ied For    |
|   | est Clinch Av                | enue                              | 26 507 West Clin  | enue                  | 59-3535535             |  | T             | Not         | Applicable |            |
| Suite, Apt.   |                              | Suite, Apt. #, etc.               |   |                       |                        |  |               | \$8.        | 75 Ad      | ditional   |
| Canta, Apr.   | rr, 010.                     |                                   | 27  |                       |                        | 5. 'Certifcate of Status Desi  | ed TT         | F           | ee Req     | uired      |
| City & State  |                              |                                   | City & State  |                       |                        | 6. Election Campaign Finar   | cina —        | \$5         | .00 M      | lav Be     |
| Knoxville, TN 37902-2104  |                              |                                   | 28 Knoxville, TN 37902-2104   |                       |                        | Trust Fund Contribution  |               | Ac          | ided to    |            |
| Zip Country   |                              |                                   | Zip Country   |                       |                        | 8. This corporation owes th  | e current yea |             |            | ا ا        |
| 24 32790  |                              | SA                                | 29 37902-2104 30  | <u> </u>              | USA_                   | Personal Property Tax.   |               | Yes         | <u> </u>   | No         |
|   | 9. Name and Addres           | s of Current R                    | Registered Agent  |                       |                        | 10. Name and Address of  |               | red Agent   |            |            |
|   | 0000011011011011             | • •                               |   | 81                    | Name                   | JOHN H. EVANS, ES  | QUIRE         |             |            |            |
|   | CORPORATION SYSTE            | M                                 |   | 82                    | Street /               | Address (P.O. Box Number is Not A  | cceptable)    |             |            | -          |
|   | S. PINE ISLAND RD.           |                                   |   |                       | _                      | 1702 South Washin  |               | renue _     |            |            |
| PLANTATION FL 33324   |                              |                                   |   | 83                    |                        |  |               |             |            |            |
|   |                              |                                   |   | 84                    | City                   | Titusville   |               | E1 85       | Zig 29     | 780        |
|   |                              |                                   |   |                       | L                      |  | - the even    | C L         |            |            |
| 11. Pursuant  | to the provisions of Section | ons 607.0502 a<br>in the State of | and 607.1508, Florida Statutes,<br>Ele <del>ri</del> da, Such change was auth | the abov<br>orized by | e-named (<br>the corpo | corporation submits this statement foration's board of directors, I hereby | accept the a  | appointment | as regi    | stered     |
| agent. I a  | m familiar with, and acce    | pt the obligation                 | ns of, Section 607.0505, Florida  | Statutes              |                        | pration's board of directors, I hereby                                     | 6/            | 1/01        | )          | .          |
| SIGNATURE   | $\sim$                       | 1 6-3                             |   |                       |                        |  | <u>}</u>      | <u>4/78</u> | <i>_</i>   |            |
|   |                              | f registered agent ar             |   |                       | it signature re        | equired when reinstating)  | DAT           | E ,         | FOTOE      | ID IN 40   |
| 12.   |                              | FICERS AND                        |   | 13.                   |                        | ADDITIONS/CHANGES T  | O OFFICER     | S AND DIRI  | =CTOR      | Addition   |
| TITLE   | D )                          | _                                 | ◆ DELETE  | 1.1 TITLE             | **                     | Jacob Rogovin c/o  |               | I Reis CP   | A.C        | ☐ Addition |
| NAME  | EVANS, JOHN H ES             |                                   |   | 1.2 NAME              |                        | 507 West Clinch A  |               | ·           |            |            |
| STREET ADDRESS  | 1702 S. WASHINGT             | on ave.                           | ·   | 1.3 STREE             | FADDRESS               | Knoxville, TN 379  | 02-2104       | Ŀ           |            | l.         |
| TY-ST-ZIP   | TITUSVILLE FL 3278           | 0                                 |   | 14 CITY-S             | T-ZIP                  | Director, President  | /Secret       | -ary/Tr     | eası       | ırer       |
| TITLE   |                              |                                   | ☐ DELETE  | 2.1 TITLE             |                        |  |               | _ [] Ch     | ange       | ☐ Addition |
| NAME  |                              |                                   | i   | 2.2 NAME              |                        | ٠.   |               |             |            |            |
| STREET ADDRESS  |                              |                                   | •   | 2.3 STREE             | ADDRESS                |  |               |             |            |            |
| CITY-ST-ZIP   |                              |                                   |   | 2. 4 CITY-1           | T-ZIP                  | -  |               | <b>-</b>    |            | -          |
| TITLE   |                              |                                   | ☐ DELETE  | 3.1 TITLE             |                        |  | <u></u>       | ☐ Ch        | ange       | Addition   |
| NAME  |                              |                                   | i   | 32 NAME               | l                      |  |               |             |            | {          |
| STREET ADDRESS  | 11                           |                                   |   | 3.3 STREE             | ADDRESS                |  |               |             |            |            |
|   |                              |                                   |   | 3.4. CITY-            |                        |  |               |             |            | }          |
| CITY-ST-ZIP   |                              |                                   | ☐ DELETE  | 4.1 TITLE             | 1 - ZIF                |  |               | Ch          | nange      | ☐ Addition |
| NAME  |                              |                                   |   | 4. 2 NAME             |                        |  |               |             |            |            |
| STREET ADDRESS  |                              |                                   |   | 4.3 STREE             | TADORESS               |  |               |             |            | ,          |
|   |                              |                                   |   | 4.4 CITY-5            | i                      |  |               |             |            |            |
| CITY-ST-ZIP<br>TITLE  |                              |                                   | ☐ DELETE  | 5.1 TITLE             |                        |  |               |             | iange      | Addition   |
| NAME  |                              |                                   |   | 5.2 NAME              |                        |  |               |             |            |            |
|   |                              |                                   |   | 5.3 STREE             | TADDRESS               | ,  |               |             |            | Ì          |
| STREET ADDRESS  |                              |                                   |   | 5.4 CITY-S            |                        |  |               |             |            |            |
| CITY-ST-ZIP   | <u> </u>                     |                                   | DELETE  | 6.1 TITLE             | I · LIF                | <del></del>  |               | □ Ch        | nange      | Addition   |
| TITLE   |                              |                                   |   | 6.2 NAME              |                        |  |               |             |            |            |
| NAME  |                              |                                   |   |                       |                        |  |               |             |            | [          |
| STREET ADDRESS  |                              |                                   | İ   | 6.3 STREE             | T ADDRESS              |  |               |             |            | Ι.         |

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.