## 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 #

S02567

(3)

MEVA'S, INC.

Principal Place of Business

MEVA'S INC.

Mailing Address

3505 NW 6TH ST GAINESVILLE FL 32005 US

## FILED Apr 23 1998 8:00am Secretary of State



GAINESVILLE FL \$2601		US				DO NOT WRITE IN THIS SPACE			
ÚŞ				09/25	orporated or Qualified				
2. Principal Pla	ace of Business	2a. Mailing Address	4 - 1	1 #	4	ber		opplied For	
21 YN 4	was Ino,	[26] 3505	N.W	62	59-3	<u>064766</u>		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5 6 N.W. 13 5 27					I	e of Status Desired		Additional Required	
City & State City & State			101	11	<b>I</b>	Campaign Financing	\$5.00	May Be	
23) (S) (S)	nesville fla	28 Danes	relle	1/4		nd Contribution		to Fees	
24 31	9, Name and Address of Current	29 32601 3	Country	lac	Personal	poration owes or has pa Properly Tax due June and Address of New Re	30. Yes [	nlangible No	
UΛ	RATTO, MEVA LEE M.	registered Agent	81	Name	JU, Italiio di	IL ACCIOSS OF NEW NO	Aistelen wähilt		
1516 NW 13TH ST.									
GAINESVILLE FL 32601			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			
			84	City	······································		FL 85 Zip	Code	
11. Pursuant to	o the provisions of Sections 607 0502	and 607.1508, Florida Statutes.	the above	e-named	corporation submits	this statement for the p		its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was aut	horized by	the corp	poration's board of d	irectors. I hereby accep	of the appointment as	s registered	
SIGNATURE .	MEVA LE	e m. mora	A Registered Age		required when reinstating)	n morato	H-20-	98	
12.	OFFICERS AND	DIRECTORS	13.			S/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	MORATTO, MEVA LEE M.		1.2 NAME						
STREET ADDRESS	4303 NW 10TH ST		1.3 STREET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY - S	I - 7IP					
TITLE	MODATTO POWADD F	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	MORATTO, EDWARD F.		2.2 NAME						
STREET ADDRESS	4303 NW 10TH ST GAINESVILLE FL		23 STHEET				•.	j	
CITY-ST-ZIP	CAULESAILLE LE	DELETE	2.4 CHY-ST-ZIP				Chapen	Addition	
TITLE		□ nereue	3.1 TITLE				L Change	☐ Addition	
NAME ATOMET ABODESIS			3.2 NAME	1000000					
STREET ADORESS			3.3 STREET					į	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 5 4.1 TITLE	SI · ZIP			Change	Addition	
NAME		□ bttt:t	4. 2 NAME				Onango		
STREET ADDRESS			4.3 STREET	ADDDLCC					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		DELETE	5.1 TITLE	1-211			☐ Change	Addition	
NAME		<u></u>	5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S						
TITLE		DELETE	6.1 TITLE	. 4"			☐ Change	Addition	
NAME	4		6.2 NAME				_ •		
STREET ADDRESS	T		6.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP			6.4 CITY - S						
14. Thereby co	ertify that the information supplied wit	h this filing does not qualify for t	he exemp	tion state	d in Section 119.07(	3)(i), Florida Statutes. I	further certify that the	e information	
officer or d	on this annual report or supplemental lirector of the corporation or the recei r Block 13 if changed, or on an attact	ver or trustee empowered to exe	ate and that ecute this	at my sig report as	nature shall have the required by Chapte	same legal effect as if r 607, Florida Statutes;	made under oath; th and that my name ar	lat I am an opears in	