SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** S25170 (9) MEED SECURITIES CORP. Principal Place of Business Mailing Address 3589 SOUTH OCEAN BLVD. 3589 SOUTH OCEAN BLVD. SUITE 514 SUITE 514 PALM BEACH FL 33480 PALM BEACH FL 33480 3a. Date of Last Report 3. Date Incorporated or Qualified 01/14/1991 07/19/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0271548 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite Apt #, etc 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 193 032 Zip Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BLAU, ERIC K. 3589 SOUTH OCEAN BOULEVARD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 514** 83 PALM BEACH FL 33480 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Begintered Agent signature required when reinstaing) Signature, typical be primed in an ellot register out a yent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 BLAU, DOROTHY T. 1.2 NAME NAME 7 HARCOURT RD. SCARSDALE 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 1.4 CHY - ST - ZIP CITY - S1 - 7IP Change Addition DELETE 21 TITLE TITLE BLAU, MARK S. 2.2 NAME NAME 72 HORATIO ST 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK FL** 2 4 CITY ST ZIF CITY - ST - ZIP Change Addition DELETE 3 L TIFLE TITLE 3.2 NAME BLAU, ERIC K. NAME 3589 SOUTH OCEAN BLVD. 3.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL. 34 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 City S1-ZIP CITY - ST- ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE THILE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.