FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

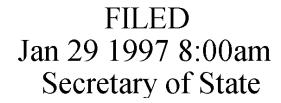
DOCUMENT # \$44587

(1)

JEFF MEIER, INC.

Principal Place of Business

Mailing Address





11256 OLD KINGS RD JACKSONVILLE FL 32219		11256 OLD KINGS RD JACKSONVILLE FL 32211	11256 OLD KINGS RD JACKSONVILLE FL 32219-1803				
					3. Date Incorporated or Qualified 04/05/1991	3a. Date of Last 06/19/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	, i	Applied For
21		26			59-3060588		Not Applicable
Suite, Api. #. etc 22		Suite Apt, #, etc.	hq '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	,	City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zφ	Country	Zip	Count	ry	8. This corporation has liability for it	ntangible tax under	s. 199.032
24	25	29	30			Yes No	
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Re	jistered Agent	
ROBISON, MARY A.				81 Name			
	INDEPENDENT SQUARE		8	2 Street Add	lress (P.O. Box Number is Not Acceptab	le)	
JAC	KSONVILLE FL 32202	·	8	3		,	
			8	4 City	**************************************	85 Zij	p Code
						FL [∞] ²	
office or re	egistered agent, or both, in the \$		authorized	by the corpora	rporation submits this statement for the patient's board of directors. I hereby accept		
SIGNATURE.	Signiture, typed or peinted name of registers	ed agent and this it applicable (NC	OFE Registered A	gent signature requ	uired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12
THTEF	DPS	☐ D£LETE	1,1 T/TLE			Change	Addition
NAME	MEIER, JEFF		1.2 NAM	:			
STREE" ADDRESS	11256 OLD KINGS RD		1.3 STAE	ET ADDRESS			
City-S*-ZIP	JACKSONVILLE FL		1.4 CITY	-\$T- <i>ZIP</i>			
TITLE		DELETE	2.1 11/1.6			Change	e 🔲 Addition
NAME			2.2 NAM	Ε			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY - S1 - ZIP			2 4 011)	-ST-ZIP			
THILE		DELETE	3 1 TITLE			Change	e Addition
NAV č			3 2 NAM	Ε			
STREET ADDRESS			3 3 STRE	ET ADDRESS	. 19	6 25	
011Y-\$1-7/2			34. CITY	-ST-ZIP			
TITLE		DELETE	4 1 TITLE			Change	e Addition
NAME			4 2 NAM	lE }			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY - ST - ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5 1 TITU			☐ Change	e Addition
NAME			5 2 NAM	£			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CHTY-SI-78			5.4 CITY	-ST-ZIP			
DILE	77182412 - 171 <u>-11</u> - 12 - 12 - 12 - 12 - 12 - 12 - 12	DELETE	6.1 T(TLE	******		☐ Change	e Addition
NAME			6.2 NAM	E			
STREET ADDRESS				ET ADORESS			
CITY+ST-2IP			6.4 CITY	- 1			
14 Lde boret	sal exalibets of the letters of a con-	with at with this filling done not are			od in Section 110 07(2)(i) Florida Statuto	. I further eastiful	at 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 tam 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 granged, or on an attackment with an address.

SIGNATURE:

04766 2107