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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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I. Corporati	JMENT # S610)78 (9)				
MEAD	OOW DALE MANOR INC.					
rincipal Pla	ace of Business	Mailing Address		·-	OBAL BURN BARN BARN BURN O	
1507 MEADOW DALE DRIVE		1507 MEADOW DALE DRIVE				
CLEARWAT	TER FL 34642	CLEARWATER FL 3464	12		3a. Date of Last R	leand
				3. Date Incorporated or Qualified 06/17/1991	12/08/199	•
Principal	Place of Business	2a. Mailing Address		4. FEI Number	· /	Applied For
		26 Cuita Ant II ala		59-3108053		Not Applicable Additional
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Required
City & Sta	tate	Oity & State		6. Election Campaign Financing	1 1 7 7	May Be
7	Country		Country	Trust Fund Contribution 8. This corporation has liability for		199.032
Zip │	25	29	30	Florida Statutes	s 🔲 No	
	9. Name and Address of C	Current Registered Agent	81 Name	10. Name and Address of New I	Registered Agent	
CANAI	DE TEDERITA O					
	de, teresita o Meadow dale dr.		82 Street A	ddress (P.O. Box Number is Not Accepta	Di⊕)	
	RWATER FL 34642		83			
			84 City		85 Z	rp Code
familiar	with, and accept the obligations of	of Florida. Such change was author f, Section 607.0505, Florida Statute	ized by the corporation's bes.	poration submits this statement for the pusionard of directors. I hereby accept the app	pointment as registered	d agent. I am
familiar IGNATURE	with, and accept the obligations of E Syndric, typed or printed name of registers	ecaged and their application (NOTE: Rugstered Apient signature re-	ാന ദിഷ് വെബ്രട്ടെന്ന്	DAYE	
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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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 100 CO. GANGAGE 4/1/196 (8/3) 539- 1282