

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Myrland
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S92059** (2)
1. Corporation Name
MEADOW GROVES MANAGEMENT CORP.

95 JAN 19 AM 11:30

Principal Place of Business Mailing Address
1185 AVENUE OF THE AMERICAS 32ND FLOOR NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/05/1991	3a. Date of Last Report 01/27/1994
4. FBI Number 13-3645668	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 27	27 City & State
23 Zip 25	23 Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James L. Melcher* DATE **1-11-95**
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME MELCHER, JAMES L.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 210 W 90TH ST 6D	CITY - ST - ZIP NEW YORK NY	12 NAME	
TITLE V	NAME ROBINSON, ROBERTA	13 STREET ADDRESS	
STREET ADDRESS 6775 STARDUST LANE	CITY - ST - ZIP ORLANDO FL	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	64 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 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: *James L. Melcher* *James L. Melcher* DATE **1-11-95** (1212) 768-9000
Signature and typed or printed name of signing officer or director (Date) (System Form #)