FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S92059

Corporation Name

MEADOW GROVES MANAGEMENT CORP.

Principal Place of Business Mailing Address								Bil Bibli bibl	I 85011 01011 1001	
1185 AVENUE (32ND FLOOR NEW YORK NY	OF THE AMERICAS	1185 AVENUE OF THE AMERICAS 32ND FLOOR NEW YORK NY 10036			DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed			
							11/05/1991			
Principal Place of Business 2a. Mailing A			Address				4. FEI Number		/	Applied For
21		26					13-3645668			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional Required
City & Stat	e	City & State					6. Election Campaign Financing		\$5.0	0 May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country Zip Cou			Country			8. This corporation owes the cur	rent year Inta	angible .	
24	25 29 30						Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>			10. Name and Address of New	Registered /	Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.					Nan	1e				
1201 HAYS STREET				82	Stre	et Addre	ess (P.O. Box Number is Not Accep	table)		
SUITE 105				83						
TALLAHASSEE FL 32301				84	0.1				Tagl 7:	
					City			FL	85 Zip	p Code
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										
	Signature, typed or printed name of registered age		(NOTE: Registere		t signatu	re required		DATE		
12.		ND DIRECTORS	13			-	ADDITIONS/CHANGES TO O	-FICERS AN	D DIRECT	
TITLE				TTLE					Change	Addition
NAME	INCLOTICAL OF BILLO E.			1.2 NAME						
STREET ADDRESS					ADDRE	SS				
CITY-ST-ZIP				ITY-ST	T-ZIP					
TITLE	V DELETE 217					1			Change	Addition
NAME	ROBINSON, ROBERTA			IAME			*			}
STREET ADDRESS			2.3 8	2.3 STREET ADDRESS		šS		a en en en		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		+					
TITLE		☐ UELE	***	MLE					Change	e ☐ Addition
NAME				IAME		-				
STREET ADDRESS			3.3 5	TREET	ADDRE	3S				
CITY-ST-ZIP			3.4. CITY-ST-ZIP			·				
TITLE	☐ DELETE 4.1 T		4.1 TITLE					Change	Addition	
NAME			4. 21	VAME						
STREET ADDRESS			4.3 S	TREET	ADORE	SS				
CITY-ST-ZIP				ITY-ST	r-ZIP	—				
TITLE		☐ DELE	·-						☐ Change	Addition
NAME 5.2 NA						1				ſ
STREET ADDRESS			5.3 9	TREET	ADDRE	SS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

2/3/99

212-7682 9000 Daylime Phone #

☐ Change

Addition

R2E034 (11/98)