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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

MEEKA TRADING CORPORATION

FILED May 13 1998 8:00am Secretary of State



rincipal riace	o Ci Cusiriese	Middling Address				
P.O.BOX 937	F: 80000	P.O.BOX 937				
ISLAMORADA	FL 33036	ISLAMORADA FL 33036		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
				01/14/1992		
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	I IAc	plied For
21 2821	NIT HIST A		DIST AU		<u> </u>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	PI LICE		\$8.75	
22		27		5. Certificate of Status Desired	Fee Re	
City & State		City & State	Classida	6. Election Campaign Financing	\$5.00	
23 10 000		28 V/20tutm	Florida		Added t	
— ^{Zip} ລວລ	Country	7/02222	Country	8. This corporation owes or has paid the c		
24 3 <i>3</i> 32		29 <i>333</i> 3	o USA	Personal Property Tax due June 30.		No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent						
COOK, MEEKA ANN 100 Name Cook, Meeka Ann						
155 SIONX STREET				Address (P.O. Box Number is Not Acceptable)	4	
PL	ANTATION KEY FL 33070			(31 NW DI' Avenu	<u>L</u>	
			83			
			84 City D		85 Zip (Code
			1 1 1		L 3 2	^{Code} 33333
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the submits and the submits are submits.	of changing it	s registered
office of re	egistered agent, or both, in the State m familiar with, and actept the oblic	of Florida, Such change was au ations of, Section 607,0505, Flori	inorized by the corp da Statutes₌	poration's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	Mark A Com	L. MEEKA A	nn Cook			
SIGNATURE	Signature, typed or printed name of registered ag-	int and titlihid applicable {NOTE	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	D	DELETE	1.1 TITLE	.D	Change	☐ Addition
NAME	COOK, MEEKA ANN		1.2 NAME	Cook, Meeka, Ann		
STREET ADDRESS	P.O. BOX 937 N/A		1.3 STREET ADDRESS	Cook, Meeka Ann 2731 nw 121 Au		
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP	Plantation FL 33323		
TITLE		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	·		
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			j
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME		<u> </u>	
			4.3 STREET ADDRESS			
STREET ADORESS						}
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
1		percit	5.2 NAME		Constitution of the control of the c	
NAME						
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		I T brieff	5.4 CITY - ST - ZIP		Change	Addition
TITLE		DELETE	6.1 TITLE		□ ∩igiiĝ8	- Modibon
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		·	6.4 CITY-ST-ZIP			,,,,,,
14 I hereby o	ertify that the information supplied w	ith this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the	information

remove comy that the mormation supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplierental 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.