

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16489 (9)

1. Corporation Name

MEF MARKETING, INC.

Principal Place of Business

P.O. BOX 1100
GOLDENROD FL 32733

Mailing Address

P.O. BOX 1100
GOLDENROD FL 32733



2. Principal Place of Business

21 120 University Park Dr.
Suite, Apt. #, etc.

22 #100

City & State

23 Winter Park FL

Zip

24 32792

Country

25 USA

2a. Mailing Address

26 POB 1100

Suite, Apt. #, etc.

27

City & State

28 Goldenrod, FL

Zip

29 32792

Country

30 USA

3. Date Incorporated or Qualified

02/24/1992

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3110866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MILLER, ROBERT E.
990 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Jan Skjersue

82 Street Address (P.O. Box Number is Not Acceptable)

120 University Park Dr, #100

83

84 City

Winter Park

FL

85 Zip Code

32792

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

Jan Skjersue

Jan Skjersue, Controller

4/30/96

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME LOTT, LAVRINDA LOUISE
STREET ADDRESS 3325 GLEN VILLAGE CT
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Lott, Laurinda Louise
1.3 STREET ADDRESS 2260 Chantilly Terrace
1.4 CITY-ST-ZIP Orlando, FL 32765

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 recipient 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 alternate address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407-977-1781

Date

Daytime Phone #

CR2E034 (12/95)