SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

. PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **V17420** **(3)**

1. Corporation Name

MEYER PROFESSIONAL CORPORATION

Principal Place of Business	Mailing Address
1110 NE 163RD ST STE - 5 N MIAMI BCH FL 33162 US	1110 NE 163RD ST STE - 5 N MIAMI BCH FL 33162 US

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1110 NE 163rd Street	26 1110 NE 163rd Street
Suite, Apt. #, etc. 22 Suites 5 and 6	Suite, Apt. #, etc. 27 Suites 5 and 6
City & State 23 N. Miami Beach, FL	City & State 28 N. Miami Beach, FL
Zip 24 33162 Country 25 USA	Zip 29 33162 Country 30 USA

4. FEI Number: 65-0346375 ☐ 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

BEKHORE, REBECCA G.
1110 NE 163 ST / STE - 5 and #6
N MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

81 Name: Bekhore, Rebecca G.
82 Street Address (P.O. Box Number is Not Acceptable): 1110 NE 163rd Street #5 and #6
83 N. Miami Beach
84 City: FL 85 Zip Code: 33162

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] (no change, just address correction) 7/18/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	BEKHORE, MEYER		12 NAME	Bekhore, Rebecca	
STREET ADDRESS	1110 NE 163 ST / STE - 5		13 STREET ADDRESS	1110 NE 163rd Street, Suite #5 and #6	
CITY-ST-ZIP	N MIAMI BCH FL		14 CITY-ST-ZIP	N. Miami Beach, FL. 33162	
TITLE	VPSD	☐ DELETE	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	BEKHORE, REBECCA		22 NAME	Bekhore,	
STREET ADDRESS	1110 NE 163 ST / STE - 5		23 STREET ADDRESS	1110 NE 163rd Street, Suite #5 and #6	
CITY-ST-ZIP	N MIAMIB BCH FL		24 CITY-ST-ZIP	N. Miami Beach, FL. 33162	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REBECCA BEKHORE 7/18/96 (305) 940-8973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: president — Date — Daytime Phone #