

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90058 018 ***150.00

0010187
 AT

DOCUMENT # V28481

1. Entity Name

MEL, INC.

Principal Place of Business

2000 P.G.A. BLVD.
 SUITE 3100
 PALM BCH GARDENS FL 33408
 US

Mailing Address

2000 P.G.A. BLVD.
 SUITE 3100
 PALM BCH GARDENS FL 33408
 US

B0097433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Fringes
 Suite, Apt. #, etc.
Ste. 3100

3. Mailing Address

2000 PGA Blvd.
 Suite, Apt. #, etc.
Suite 3100

City & State

Palm Bch. Gardens, FL

City & State

Palm Bch. Gardens FL

4. FEI Number

65-0335368

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PENNEL, MELANIE L
 706 XANADU PLACE
 JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **P**
 STREET ADDRESS **PENNEL, MELANIE**
 CITY-ST-ZIP **706 XANADU PL**
JUPITER FL 33477

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melanie L Pennell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELANIE L. PENNELL APRIL 26 2002
 Date

Daytime Phone
 561-694-2269

CR2E034 (9/01)