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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V31025

(2)

META

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Mora	INVESTOR	s, I	NC.		

Mailing Address 713 17TH ST VERO BEACH FL 32960-6219

FILED May 12 1997 8:00am Secretary of State



713 17TH ST VERO BEACH FL 32960		713 17TH ST VERO BEACH FL 32960-6219								
						3. Date Incorporated or Qualified 04/23/1992	3a. Date of Las 04/22/199			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For		
21		26	26			65-0328725		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional		
22		27	27			o. Obtinicate of Status Desired	Fee	Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Bo				
23		28	· • •		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,				
24	252930			Florida Statules Yes XI No						
	9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New Registered Agent							
	AONS, JACQUELINE T			81 N:	eme	•				
	17TH ST		82 Street Addre			ess (P.O. Box Number is Not Acceptab	e)			
VER	D BEACH FL 32960									
				83		•				
			ŀ	84 Ci	ty		FL 85 2	'ip Code		
office or re	o the provisions of Sections 607.05 egisterod agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such change was	authorized	by the	med corpe corporati	oration submits this statement for the proof on submits the proof of directors. I hereby acceptions	ironso of changin	ig its registered as registered		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO	It flagistered	Agent s ç	mature require	ed when reinstaling)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12		
TITLE	PD	☐ DELETE	1.1 1/1	ŧ			☐ Chan-	ge 🔲 Addition		
NAME	SIMMONS, JACQUELINE T		1.2 NA	MΕ						
STREET ADDRESS 713 17TH ST			1.3 STREET ADDRESS		RESS					
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY - ST - ZIP		·					
TITLE	VD	DELETE	21 111	LE			Chan	ge 🔲 Addition		
NAME HOPPE, FREDA ROWE			2.2 NAME							
STREET ADDRESS 713 17TH ST			2.3 STREET ADDRESS		RESS			Į.		
CITY-S1-ZIP	VERO BEACH FL		2.4 CITY - ST- ZIP		· _					
TITLE		☐ DELETE	ELETE 3.1 THLE				Chan	ge 🔲 Addition		
NAME			. 3.2 NAM					ł		
STREET ADDRESS			33516	REET ADDR	RESS					
CITY-ST-ZIP			3.4. CI1	Y-\$1-7	P					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 मा	Lŧ			Chan-	ge 🔲 Addition		
NAME			4. 2 NA	ME				Ì		
STREET ADORESS			4.3 B1F	EET ADDI	RESS					
CITY-ST-ZIP			44 DH	Y - \$1 - 7 f						
TITLE		☐ DELETE	51 lit	.[Chan	ge 🔲 Addition		
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 \$ TF	REET ADDR	RES\$					
CITY-ST-ZIP			5.4 ÇI1	Y - S1 - ZIE						
TITLE		DELETE	6.1 1(1	LF			Chan	ge Addition		
NAME			6.2 NAI	ΜE				1		
STREET ADDRESS			63\$16	RET ADD	RESS			\		
CITY-ST-ZIP			6.4 ÇIT	Y-\$1-216	,					
	ov certify that the information suppli	ied with this filing does not qual				in Section 119.07(3)(i), Florida Statutes	. I further certify t	hat 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 eath, 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 chapged, or on an attachment with an address.