FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34653** **(8)**

1. Corporation Name
MEELECK PROPERTIES, INC.

Principal Place of Business	Mailing Address
509 SE 9TH STREET SUITE 2 FT. LAUDERDALE FL 33316 US	509 SE 9TH STREET SUITE 2 FT. LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0333687 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOMPKINS, DARRYL J.
2400 EAST COMMERCIAL BLVD.
SUITE 820
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: GARY A ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 509 SE 9TH STREET
83: SUITE #2
84 City: FORT LAUDERDALE FL 85 Zip Code: 33316

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: Gary A. Allen
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	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, GARY A	1.2 NAME	
STREET ADDRESS	509 SE 9TH STREET, SUITE 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, R.G.H.	2.2 NAME	
STREET ADDRESS	ST. CHRISTOPHERS	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHANNEL ISLANDS GB	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, TIMOTHY MARK	3.2 NAME	
STREET ADDRESS	WOODLANDS COTTAGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASHIRE ENGLAND	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVIEVRE, YVETTE S.	4.2 NAME	
STREET ADDRESS	ST. CHRISTOPHER'S	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHANNEL ISLANDS G.B.	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, PAMELA SHIRLEY	5.2 NAME	
STREET ADDRESS	ST. CHRISTOPHER'S	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHANNEL ISLAND GB	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARY A. ALLEN Gary A. Allen 1.10.95 (305) 763 9013
SIGNATURE AND TYPED OR PRINTED NAME OF CORRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT.

0224648 CP