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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V34653

(8)

1. Corporation Name

MEELECK PROPERTIES, INC.

Principal Place of Business

509 SE 9TH STREET  
SUITE 2  
FT. LAUDERDALE FL 33316  
US

Mailing Address

509 SE 9TH STREET  
SUITE 2  
FT. LAUDERDALE FL 33316-1131  
US

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ALLEN, GARY A.  
509 SE 9TH STREET  
SUITE #2  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSO ☐ DELETE

NAME ALLEN, GARY A  
STREET ADDRESS 509 SE 9TH STREET, SUITE 2  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VTD ☐ DELETE

NAME ALLEN, R.G.H.  
STREET ADDRESS ST. CHRISTOPHERS  
CITY-ST-ZIP CHANNEL ISLANDS GB

TITLE D ☐ DELETE

NAME ALLEN, TIMOTHY MARK  
STREET ADDRESS WOODLANDS COTTAGE  
CITY-ST-ZIP LANCASHIRE ENGLAND

TITLE D ☐ DELETE

NAME LEVIEVRE, YVETTE S.  
STREET ADDRESS ST. CHRISTOPHER'S  
CITY-ST-ZIP CHANNEL ISLANDS G.B.

TITLE D ☐ DELETE

NAME ALLEN, PAMELA SHIRLEY  
STREET ADDRESS ST. CHRISTOPHER'S  
CITY-ST-ZIP CHANNEL ISLAND GB

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

3/31/97 (954) 763 9043

Daytime Phone #

0276726

CR2E034 (9/96)