

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Luzelda B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

05 MAY -1 11 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V45080** (1)
1. Corporation Name
MEADVILLE, INC.

Principal Place of Business: **2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL 33431**
Mailing Address: **2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL 33431**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Organized 06/22/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0342482	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 119.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt. # or 22	State Apt. # or 27
City & State 23	City & State 28
Lat 24	Long 29
Lat 25	Long 30

9. Name and Address of Current Registered Agent HERRICK, NORTON 2295 CORPORATE BLVD NW SUITE 222 BOCA RATON FL 33431		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 601.06(1) and 601.06(2) of the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 601.06(1) and 601.06(2) of the Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP	CITY, ST, ZIP	3. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		7. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		10. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		11. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		14. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		15. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or is an attachment with an addition.

SIGNATURE: *Howard Herrick* **Howard Herrick VP** 4/28/95 907241986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Required If New)