

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

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

3. Date Incorporated or Qualified: **06/22/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0342482**
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
**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 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent and incorporator must sign in the state.) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PDS	<input type="checkbox"/>
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORPORATE BLVD., NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VDAS	<input type="checkbox"/>
NAME	HERRICK, HOWARD,	
STREET ADDRESS	2295 CORPORATED BLVD NW	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VDAS	<input type="checkbox"/>
NAME	HERRICK, MICHAEL	
STREET ADDRESS	2295 CORP BLVD NW 222	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<i>20 Communit / Pl Morris town NJ 07960</i>		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<i>VP/DIT</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<i>Evan Herrick</i>		
4.3 STREET ADDRESS	<i>20 Communit / Pl Morris town NJ 07960</i>		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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 change of an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Howard Herrick VP* Date: *3/27/96* Telephone: *2015391390*

CR2E034 (12/95)