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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(9)

FILED Apr 23 1998 8:00am Secretary of State

THE M	EETING SOURCE, INC.				
Principal Place	e of Business	Mailing Address			
5240 NW 163	RD STREET	5240 NW 163RD STREE	т		
MIAMI FL 330		MIAM! FL 33014	•		DO ALOT INDITE IN THE SPACE
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address			10/22/1992 4. FEI Number Applied For
21		26			65-0362196 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_ 		SS 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	·		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible
24	25	29	30]		Personal Property Tax due June 30. Yes No
	g, Name and Address of Curre	ur vedistelen Adeur	81	Name	10. Name and Address of New Registered Agent
	LCHUK, RICHARD H.			1101110	
	40 NW 163RD STREET		82	Street	eet Address (P.O. Box Number is Not Acceptable)
MU	AMI FL 33014		83	<u> </u>	
			84	City	y FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the abov	e-named	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
office or r	egiste red agent, or both, in the Stati m fa mitiar with, and accept the oblic	e of Florida. Such change was nations of Section 607 0505. Et	authorized b orida Statute	y the cor s	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	The same state of the same	gamento en, cochem cor loco, i i	orda olalolo	.	
SIGNATURE	Signature typed or printed name of registered ag	jest and title if applicable (NO)	f: Registered Ag	ent signatur	nature required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change L Addition
NAME	LELCHUK, RICHARD H.		1.2 NAME		
STREET ADDRESS	611 NORTH SW 9TH STREE		1.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP	HALLANDALE FL 330		1.4 CITY-	ST-ZIP	
TITLE		L] DELETE	2.1 TITLE		Change L. Addition
NAME			2 2 NAME		
STREET ADDRESS			1	ADDRESS	
CITY-ST-ZIP		DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME		La better	32 NAME		
STREET ADDRESS				r address	500
CITY-ST-ZIP			34. CiTY-		1
TITLE		DELETE	4.1 TITLE	31 - ZH	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS				ADDRESS	ESS
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	ADDRESS	ess
CITY-ST-ZIP			5.4 C(1Y-	ST-ZIP	
TITLE			6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	ADDRESS	ESS
CITY-ST-ZIP			6.4 CITY-		
indicated	on this annual report or supplement	al annual roport is true and acr	nirete and th	at mu si	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under cath; that I am an
officer or Block 12	director of the corporation or the root or Block 13 if changed, or on an alta	elver or trustee empowered to achieve with a paddress.	execute this	report a	rt as required by Chapter 607, Florida Statutes; and that my name appears in