


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

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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90060 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004517

1. Corporation Name
 MERIT UNDERWRITERS, INC.



Principal Place of Business PO BOX 724318 ATLANTA GA 31139	Mailing Address PO BOX 724318 ATLANTA GA 31139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 200 N. COBB PKWY	26 PO Box 7719			09/04/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Bldg 400, Ste 421		27		58-2076548	
City & State		City & State		Applied For	
23 MARIETTA, GA.		28 MARIETTA, GA.		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 30062 25 USA		29 30065-1719 30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BIESENDORFER, DONALD 829 OCEAN INLET DR BOYNTON BEACH FL 33426		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			
		FL			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, WAYNE	1.2 NAME	
STREET ADDRESS	200 N COBB PKWY BLDG 400 SUITE 421	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	30062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY / TREAS
NAME	WOOD, ROBERT	2.2 NAME	PAUL JOHNSON
STREET ADDRESS	200 N. COBB PKWY BLDG 400 SUITE 421	2.3 STREET ADDRESS	300 N. COBB PKWY, BLDG 400, STE 421
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  PAUL JOHNSON 4/29/99 (770) 423-9677

CR2E034 (11/98)