

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 # **J28075 (6)**

1. Corporation Name
MERRY HEART, INC.



Principal Place of Business

Mailing Address

~~4100 BARNETT PLAZA
P.O. BOX 71
TAMPA FL 33601-0071~~

~~4100 BARNETT PLAZA
P.O. BOX 71
TAMPA FL 33601-0071~~

3. Date Incorporated or Qualified **08/11/1986** 3a. Date of Last Report **02/16/1995**

2. Principal Place of Business
21 **2909 Bay to Bay Blvd.**
Suite, Apt. #, etc. **Suite 309**
City & State **Tampa, FL**
Zip **33629** Country **USA**

2a. Mailing Address
26 **2909 Bay to Bay Blvd.**
Suite, Apt. #, etc. **Suite 309**
City & State **Tampa, FL**
Zip **33629** Country **USA**

4. FEI Number **59-2818926** 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

10. Name and Address of New Registered Agent

**MCNAMARA, THOMAS P.
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602**

81 Name **Thomas P. McNamara**
82 Street Address (P.O. Box Number is Not Acceptable) **2909 Bay to Bay Blvd.
Suite 309**
83 City **Tampa** FL 85 Zip Code **33629**

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 date of appointment

(If the Registered Agent's signature appears later, insert a date)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, SUZANNE	1.2 NAME	
STREET ADDRESS	17819 SUNRISE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, MATTISON G. III	2.2 NAME	
STREET ADDRESS	17819 SUNRISE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVES, LYNNE	3.2 NAME	
STREET ADDRESS	17819 SUNRISE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JAN	4.2 NAME	
STREET ADDRESS	17819 SUNRISE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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 changed, or on an attachment with an address.

SIGNATURE: Suzanne Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

(813) 949-3426

CR2E034 (12/95)