## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N15853

(7)

MERRITT	101	AMO	DLLC	<b>⊔</b> ∩ı	DIMID	IMC
MERKILL	IN	ANII	HHF	MUI.	ISING.	INU.

Principal Place of Business Mailing Address						1): <b>4</b> )#11 WIBII	BIEII BIBII	Aitel Bifit iffit	
1100 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952-3804		5150 E PACIFIC CST HWY STE 600 LONG BEACH CA 90804-3312					-61		
		US				3. Date incorporated or Qualified 07/14/1986		e of Last <b>5/01/1</b>	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<del></del>	$\Box$	Applied For
21		26				59-2721378			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State			****	6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Ζip				ountry  8. This corporation has liability Florida Statutes			for intangible tax under s. 199.032,		
24	9. Name and Address of Current	Peolstered Agent	30	r		10. Name and Address of New Re			
	9. Name and Address of Current	negistered Agent		81	Name		<b>3</b>		***************************************
THE PRE	NTICE HALL CORPORATION SYS	STEM, INC.		82	Street Addi	ess (P.O. Box Number is Not Acceptable	e)		
1201 HA	YES ST., STE. 105						·		
TALLAHA	ASSEE FL 32301			83					
				84	City		FL	85 Z	ip Code
11 Pursuant t	to the provisions of Sections 617.0502	and 617.1508. Florida Statut	es, the abo	ll ove-n	amed corpor	ation submits this statement for the purp	ose of cha	nging its	registered office
or recycler	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authoriz	red by the i	corpo	oration's boar	rd of directors. Thereby accept the appo	intment as	registered	d agent. I am
SIGNATURE	.,								
	Signature, typed or printed name of registered agents			1 Аунг	Lsignature required	d which reinstating? ADDITIONS CHANGES TO OFFI	DATE OF USIAMO	DIRECT	00S IN 12
12.	OFFICERS AND	DELETE	13. 11 I	ITI E		ACIDITIONS GRANGES TO OFFI		Change	Addition
TITLE NAME	MARGETIC, STEPHEN J.	Пресен	12 N				,	J 3·	
STREET ADDRESS	5150 E. PACIFIC COAST HWY	. STE. 600			ADORESS				
CITY-ST-ZIP	LONG BCH CA	,		:ITY - \$					
TITLE	D	DELETE	217				[	Change	Addition
NAME	MOORE, JEAN		221	AME					
STREET ALIDRESS	5150 E PACIFIC CST HWY ST	E 600	235	TREET	ADDRESS				
CITY-ST-ZIP	LONG BEACH CA		2 41	OITY - S	ST - ZIP				
TITLE	D	DELETE	3 1 T	ITLE	İ		i	Change	Addition
NAME	TRNKA, JOHN E.		321						
STREET ADDRESS	5150 E. PACIFIC COAST HWY	., SIE. 600			ADDRESS				İ
CITY - ST - ZIP	LONG BCH CA	□ DELETE			ST-ZIP			Change	Addition
TITLE	SD LINDA	DEFEIR	4.1 7				'		
NAME	LISTOE, LINDA	CTE 600		NAME					
STREET ADDRESS	5150 E. PACIFIC COAST HWY	., SIE. 000			ADDRESS				
CITY-ST-ZIP	LONG BCH CA	DELETE		DITLE	ST - ZIP			Change	Addition
TITLE	JOSEPH, LAVERNE R.	Пресси		NAME				_ "	
NAME	5150 E. PACIFIC COAST HWY	CTE ROO			T ADDRESS				
STREET ADDRESS	LONG BCH CA	., UIL. 000			ST-ZIP				
CITY-ST-ZIP TITLE	D CONG BOTT ON	DELETE		IIILE	11-21			Change	Addition
	CHAPMAN, REX	are as as a		NAME				-	
NAME PERCET ADDRESS	5150 E. PACIFIC COAST HWY	/ SE 600	1		T ADDRESS				
STREET ADDRESS	LONG BEACH CA	., oc 000			ST-ZIP				
DITY-SI-ZIP	ny certify that the information supplied y	with this filing is voluntarily fur	rnished and	i doe	s not qualify	for the exemption stated in Section 119.	07(3)(k), Fk	rida Stat	utes. I further

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 1 19.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** 

GNATORE AND TYPED OR PRINTED BAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

310/597-5541

Daytime Phone #