

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

1-29-96 B-0400-C

DOCUMENT # **P94000012915 (2)**

1. Corporation Name

MER-MADE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**979 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

**979 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

2. Principal Place of Business

2a. Mailing Address

21 | **9630 RIVERVIEW DR.**

26 |

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 |
City & State

27 |

City & State

23 | **SEBASTIAN, FLORIDA**

28 |

Zip

Country

Zip

Country

24 | **32976**

25 |

29 |

30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FENNELL, DARRELL
979 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

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 607.1508, 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	D	<input checked="" type="checkbox"/> DELETE
NAME	FENNELL, DARRELL	
STREET ADDRESS	979 BEACHLAND BOULEVARD	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROFFITT, PAMELA	
STREET ADDRESS	979 BEACHLAND BOULEVARD	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACOBS, BRUCE	
1.3 STREET ADDRESS	9630 RIVERVIEW DRIVE	
1.4 CITY - ST - ZIP	SEBASTIAN, FL. 32976	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACOBS, ELLEN L.	
2.3 STREET ADDRESS	9630 RIVERVIEW DRIVE	
2.4 CITY - ST - ZIP	SEBASTIAN, FL. 32976	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address.

SIGNATURE:

Bruce Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1996 (407) 231-1100

Date

Daytime Phone #

CR2E034 (12/95)