

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90176 003 ***150.00

DOCUMENT # 211150

1. Corporation Name
MERIL HOMES, INC.

Principal Place of Business
4401 ROYAL PALM AVENUE
MIAMI BEACH FL 33140

Mailing Address
4401 ROYAL PALM AVENUE
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1958

4. FEI Number
59-0826666

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4000 ISLAND BLVD

Suite, Apt. #, etc.
22 #1606 APT

City & State
23 AVENTURA FL

Zip Country
24 33160 25 USA

2a. Mailing Address

26 4000 ISLAND BLVD

Suite, Apt. #, etc.
27 #1606

City & State
28 AVENTURA FL

Zip Country
29 33160 30 USA

9. Name and Address of Current Registered Agent

SHERMAN, BURTON
4401 ROYAL PALM AVE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name SHERMAN, BURTON
82 Street Address (P.O. Box Number is Not Acceptable)
4000 ISLAND BLVD
83 APT #1606
84 City AVENTURA FL 85 Zip Code 33160

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

TITLE PD
NAME SHERMAN, BURTON
STREET ADDRESS 4401 ROYAL PALM AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE D
NAME SHERMAN, LOIS
STREET ADDRESS 4401 ROYAL PALM AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SHERMAN, BURTON
1.3 STREET ADDRESS 4000 ISLAND BLVD APT #1606
1.4 CITY-ST-ZIP AVENTURA, FL 33160

2.1 TITLE D
2.2 NAME SHERMAN, LOIS
2.3 STREET ADDRESS 4000 ISLAND BLVD APT #1606
2.4 CITY-ST-ZIP AVENTURA, FL 33160

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 305705008v

CR2E034 (11/98)