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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 292908

(1)

MERRITT CAPITAL CORP.

Principal Place of Business Mailing Address  86\$1 OSPREY LANE 220 KM3 STREET  JACKSONVILLE FL 32217 COCOA FL 32922-7940 US						
				3. Date Incorporated or Qualified 05/13/1965	3a. Date of Last Report 03/21/1996	
	2. Principal Place of Business 2a. Mailing Address 21 220 King Street 26			4. FEI Number 59-1116348	Applied For	
		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
		27		Certificate of Status Desired	Fee Required	
City & St		City & State		6. Election Campaign Financing	\$5.00 May Be	
Z <sub>0</sub> Coc	Country	<b>28</b> Zip	Country	Trust Fund Contribution  8. This corporation has liability for i	Added to Fees	
3292		29 30			Yes No	
	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent	
DZIKOWSKI, DEBORAH W. 81 Name Morri				orris A. Rowe		
8651 OSPREY LANE			82 Street Art	eet Aridress (P.O. Box Number is Not Acceptable)		
j JA	CKSONVILLE FL 32217-7548		83	030 Gray Road	·	
			03			
			84 City Co	ocoa	FL 85 Zip Code 32926	
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						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.						
SIGNATURI	1/100	M	lorris A. I	Rowe, President	4/17/97	
12.	Styritum, lipped or printed name of registered age	ont and title if applicable. (NOTE R	tegistered Agent signature red	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12	
101: F	PD- VP	DELETE		V	Change Addition	
NAME	WOODS, LOSSIE B.			Woods, Lossie B.		
STREET ADDRES			1.3 STREET ADDRESS	4505 Clinton Avenue	•	
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL	32217	
THILE	WOODS INVESTIGATE	☐ DELETE	,	<u> </u>	Change  Addition	
NAME	WOODS, JEWELDENE 4525 CLINTON AVE.			Woods, Jeweldene	_	
STREET ADDRES	JACKSONVILLE FL.			4525 Clinton Avenue	30045	
DITY - ST - ZIP	870 VP	DELETE		Jacksonville, FL V	Change Addition	
NAME	DZIKOWSKI, DEBORAH W.	<del></del>	1	v Dzikowski, Deborah	<b>7</b> . (	
STREET ADDRES	s 8651 OSPRÉY LAND				71 .	
C/1Y - ST - 7IP	JACKSONVILLE FL		3.4. C(TY-ST-ZIP	8651 Osprey Lane Jacksonville, FL 3	32217	
TITLE		☐ DELETE		PD	Change 🔀 Addition	
NAME				Rowe, Morris A.		
STREET ADDRES	is			1030 Gray Road		
CITY-ST-ZIP		DELETE		Cocoa, FL 32926 VD	Change  Addition	
NAME		_ Decem		Haid, Susan E.	The same of the sa	
STREET ADDRES	35			1072 Gray Road		
CITY-S1 ZIF		•		Cocoa, FL 32926		
T:1LE		☐ DELETE	44777	VSD	Change X Addition	
NAME	1	j		Adama Damather H	: <b>^</b>	

63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 33 changed, or on an attackment with an address. JECHI Morris A. Rowe, President 4/17/97 SIGNATURE:

**FILED** 

Apr 25 1997 8:00am

Secretary of State