

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  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90082 027 \*\*\*150.00

DOCUMENT # 336506

1. Corporation Name  
D J FORMS COMPANY, INC.

Principal Place of Business  
6800 N AUGUSTA DR  
MIAMI FL 33015

Mailing Address  
6800 N AUGUSTA DR  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1968

4. FEI Number

59-1277292

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MERRILL, GAIL S  
6800 N AUGUSTA DR  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

DAWN MERRILL

82 Street Address (P.O. Box Number is Not Acceptable)

6800 N. AUGUSTA DR.

83

84 City

MIAMI

FL

85 Zip Code

33015

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

*Dawn J. Merrill*  
Signature, typed or printed name of registered agent and title if applicable.

DAWN J. MERRILL V.P.

4-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME MERRILL, MYRON C  
STREET ADDRESS 6800 N AUGUSTA DR  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE P  
NAME MERRILL, GAIL S.  
STREET ADDRESS 6800 N. AUGUSTA DR.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE ST  
NAME MERRILL, GAIL S  
STREET ADDRESS 6800 N AUGUSTA DR  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE AT  
NAME CLANTON, DIANE MERRILL  
STREET ADDRESS 11010 HILL GAIL COURT  
CITY-ST-ZIP PARKER CO ☐ DELETE

TITLE V  
NAME MERRILL, DAWN J. (ASST)  
STREET ADDRESS 6800 N. AUGUSTA DR.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE AS  
NAME MERRILL, DONNA J.  
STREET ADDRESS 15525 MIAMI LAKEWAY #204  
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE SEC-TREAS. ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V.P. ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE PRESIDENT ☒ Change ☐ Addition  
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:

*Thomas J. Merrill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (305) 829 0058

Date

Daytime Phone #

CR2E034 (11/98)

0132262