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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(4)

MERRILL, STEWART, AND WILSON, INCORPORATED



Principal Place 6							1101 DIQUE \$400 f		TIBIL KIBIL IBBI
	of Business		ing Address						
1550 LATHAM	RD	15 S9	50 LATHAM RD						
WEST PALM BEACH FL 33409-5146		W	WEST PALM BEACH FL 33409-5146 US			3. Date incorporated or Qualified 12/30/1976	3a. Date of Last Report 05/01/1995		
2. Principal Pla	ce of Business	2a. 1	Mailing Address			4. FEI Number			Applied For
		26				59-1706141			Not Applicable
Sirte, Apt #	, etc.	27	Suite, Apt # etc.			5. Certificate of Status Desired	X)		Additional Required
_ Oity & State		and the second	City & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
3] Zp	Country		Zipi	Cou	otry	8. This corporation has liability for		under s	199.032,
4	25	29		30			⊠ No		
	9. Name and Address of Current	Registe	ered Agent			10. Name and Address of New F	Registered A	gent	
					81 Name				
	, WILLIAM A. JR.				82 Street A	ddress (P.O. Box Number is Not Acceptat	ole)	-	
	THAM RD				02				
S9					83				
WEST PA	ALM BEACH FL 33409				84 City		FL	85 Z	p Code
SIGNATURE	Soy in the distribution manual trap breakay of a OFFICERS AND		TORS)'t Segidener 13.	1 Agent signature re	aproximentalistical ADDITIONS/CHANGES TO OFF			
till(f	PST		☐ DELETE	1.17	IILE] Change	☐ Addition
REMIT	WILSON, WILLIAM A JR			12 N	AME				
	1923 SANSBURY'S WAY			138	TREET ADDRESS				
STREET ACCIDENS CITY - ST. ZIE	1923 SANSBURY'S WAY WEST PALM BCH, FL 00000		DOLLETE	13S	TREET ADDRESS I'Y-ST-Zip		· · · · · · · · · · · · · · · · · · ·	1 Change	☐ Addition
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Foo riercely certify that the information supplies with this ning is verificing and tools not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplier ental 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 comporation or the receiver or flusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brook 12 or Block 13 if changed, of only attachment with an activities.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DESCRIPTION President William A.

407-697-9898