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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

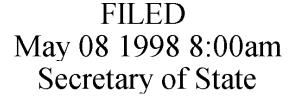
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 5

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(6)

JACK E. MERKLEIN, INC.



		ALLIN IIIO										
Pr	Principal Place of Business Mailing Address							- 1 100101 01(0) 0(11) 0)001 12010 2010 0222 01014 0(0)		41811 41411 BIWH 1481		
	12442 WILES RO CORAL SPRINGS FL 33076 US			12442 WILES RD CORAL SPRINGS FL 33076 US			DO NOT WRITE IN THIS S	PACE				
								3. Date Incorporated or Qualified		·		
								10/13/1977				
2.	Principal Place of Business			. Mailing Address				4. FEI Number	L	Applied For		
21								59-1775707		Not Applicable		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional		
22										ee Required		
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be		
24	Zip	Country 25	28	Zip Country			18-4	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
	9, Name	and Address of Cur	rent Regia	tered Agent				10. Name and Address of New Registered A	gent			
MERKLEIN, JACK E. 9603 NW 36 MANOR CORAL SPRINGS FL 33065						B1	Name					
						82	Street Addres	ss (P.O. Box Number is Not Acceptable)				
						83						
						84	City	FL	85	Zip Code		
:	Pursuant to the provis office or registered ag agent. I am familiar with the control of the	gent, or both, in the St	ate of Floric	da Such change was	authorized	l by	the corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the appo	hang intme	jing its registered nt as registered		

	Siduatora, tiktora or busero ostora as tablización ademi sud tina in abli	iicabie (NOTE ii	registereo Apeni signature	required when reinstating) OATE
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MERKLEIN, JACK E.		1.2 NAME	
STREET ADDRESS	9603 NW 36 MANOR		1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP	<u> </u>
TITLE		☐ DELETE	21 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	į
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DETEA	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			62 N/ME	
STREET ADDRESS			63 REET ADDRESS	

14. Thereby certify that the information supplied with this filing does not qualify for the empiricated on this annual report or supplicemental agricult report is true and accurate at the officer or director of the corporation or full receipts or trustee empowered to execute its Block 12 or Block 13 if changed, or gran attacking twith an address.

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

CICMATURE

417 99

954-755-4736

CRZE034 (10/97)