

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # 554196** ✓  
1. Corporation Name  
**JACK E. MERKLEIN, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 26 AM 8:32



Principal Place of Business: 12442 WILES RD, CORAL SPRINGS FL 33076 US  
Mailing Address: 12442 WILES RD, CORAL SPRINGS FL 33076 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1977

4. FEI Number: 59-1775707 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:  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip: 33076 Country: U.S.A.

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent  
MERKLEIN, JACK E.  
9603 NW 36 MANOR  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

61. Name

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

63.

64. City

65. Zip Code

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERKLEIN, JACK E.	
STREET ADDRESS	9603 NW 36 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

954-  
7-2 99 755-4730

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature and typed or printed name of signing officer or director

CR2E034 (5/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 8, 1999

JACK E. MERKLEIN, INC.  
12444 WILES RD  
CORAL SPRINGS, FL 33076 US

SUBJECT: JACK E. MERKLEIN, INC.

Ref. Number: 554196

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

lpr

MR Toner - WE NEVER RECEIVED OUR ANNUAL REPORT WE HAD A CHANGE OF ADDRESS - PLUS - WE HAD A NEW MAIL PERSON. AND HE DID NOT GIVE IT TO US. WE HAVE NEVER BEEN LATE FOR OUR 18 YEARS. THANK YOU. FOR YOUR HELP.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314