

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:55****DOCUMENT # F43141****(3)**

1. Corporation Name

MERRILL FOX ENTERPRISES, INC.

Principal Place of Business

**1144 SOUTH CONGRESS AVE
P O BOX 15545
WEST PALM BCH FL 33416**

Mailing Address

**1144 SOUTH CONGRESS AVE
P O BOX 15545
WEST PALM BCH FL 33416**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1981

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2125889

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 has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MONCHICK, MICHAEL J
1501 OLD OKEECHOBEE RD
WEST PALM BEACH FL FL**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME FOX, MERRILL H
STREET ADDRESS 4583 BARCLAY CRESENT
CITY-ST-ZIP LAKE WORTH FL****1.1 TITLE PD
1.2 NAME FOX, MERRILL H
1.3 STREET ADDRESS 5920 WOODWIND COURT
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463**Change ☐ Addition ☐**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**Change ☐ Addition ☐**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**Change ☐ Addition ☐**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**Change ☐ Addition ☐**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**Change ☐ Addition ☐**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Merrill H. Fox

FOX, MERRILL H

3-17-95**407-965-3699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Phone Number)