

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004548 (4)

1. Corporation Name

MERIT CAPITAL ASSOCIATES, INCORPORATED

Principal Place of Business

06880 POST ROAD EAST
WESTPORT CT 06880
US

Mailing Address

1221 POST ROAD EAST
WESTPORT CT 06880
US



3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

03/28/1995

4. FEI Number

06-1346232

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 1221 Post Road East

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Westport, CT

28 Zip

24 06880

25 Country

29 Zip

25 US

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, SCOTT
433 PLAZA REAL SUITE 275
BOCA RATON FL 33432

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

TITLE CDT ☐ DELETE

NAME NEWTON, RUSSELL W
STREET ADDRESS 3 BIRCH ROAD
CITY-ST-ZIP DARIEN CT 06820

TITLE PD ☐ DELETE

NAME RYAN, BRUCE C
STREET ADDRESS 4 ARROWHEAD ROAD
CITY-ST-ZIP WESTPORT CT 06880

TITLE V ☐ DELETE

NAME CRANE, SCOTT
STREET ADDRESS 8121 MIZNER LANE
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE

NAME NEWTON, KELLY M
STREET ADDRESS 3 BIRCH ROAD
CITY-ST-ZIP DARIEN CT 06820

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

(203) 341-3500

CR2E034 (12/95)