PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F94000004228**1. Corporation Name

MERLIN EXPRESS, INC.

Principal Place of Business Mailing Address								'	(#####################################	98 jil 99 ii		E 11010 11	1991 1911 1991
			BOX 790490 ANTONIO TX 78279-0490					DO NOT WE	RITE IN THIS	SPACI	Ē		
							3.	Date	Incorporated or Qualife	d			
	,						1	08/1	6/1994				
Principal Place of Business 2a. Ma			Mailing Address				4.		umber			App	lied For
21}			26					74-2	<u> 284689 </u>			_	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certifo	cate of Status Desired	. 🗆		75 Adee Req	iditional uired
City & State			City & State				6.	Election	on Campaign Financing	, _	\$5	۸ 00.	fay Be
23			8					Trust	Fund Contribution		Ad	lded to	Fees
Zip	Country		Zip	Cour	itry		8.		corporation owes the cu	ırrent year Inta			ا ا
24	25	29		30			<u> </u>		nal Property Tax.		☐ Yes	<u> </u>	□No
	9. Name and Address of Curren	t Regist	ered Agent		04		10.	Name	and Address of New	Registered /	Agent		
TUÉ	DESCRICE HALL CODDODATION	evett	EM INC	ĺ	81	Name							
THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS ST., STE. 105			IN, INC.	82 Street Add			Address (P	.O. Bo	x Number is Not Accep	otable)			
TALLAHASSEE FL 32301							- W-						
				-	84	City				F≀	85	Zip C	ode
	to the provisions of Sections 607.050	0 1 60	7 4500 51				compretion	- auba	its this statement for th		changi	na ite r	egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was a	uthonzed	DV.	the corpo	oration's bo	ard of	directors. I hereby acc	ept the appoir	itment	as reg	istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if	applicable. (NOTE	: Registered A	Agent	t signature ri	required when re	einstating	<u> </u>	DATE			
12.	OFFICERS AN			13.					ONS/CHANGES TO C	FFICERS AN	D DIRE	CTOF	RS IN 12
TITLE	C. 4 % 182 2 1 2 2 % 5		☐ DELETE	1.1 TITU	E						Ch	ange	☐ Addition
NAME	ALBERT, CARL			1.2 NA	ИΕ		1						
STREET ADDRESS	10823 NE ENTRANCE			1.3 STF	REET	ADDRESS							ŀ
CITY-ST-ZIP	SAN ANTONIO TX 78216			1.4 CIT	Y-S1	T-ZIP	L						
TITLE				2.1 TITI	2.1 TITLE						Ch:	ange	☐ Addition
NAME	ROBINSON, JAMES A			2.2 NA	ME								į
STREET ADDRESS	10823 NE ENTRANCE			2.3 STF	REET	ADDRESS							
CITY-ST-ZIP	SAN ANTONIO TX 78216		· · · · · · · · · · · · · · · · · · ·	2. 4 Cf	Y-S	T-ZIP							
TITLE	DELETE		3.1 TITI	3.1 TITLE						☐ Ch	ange	☐ Addition	
NAME	DILDA, ROLAND P			3.2 NA	ME								
STREET ADDRESS	10823 NE E NTRANCE			3.3 STF	REET	ADDRESS							
CITY-ST-ZIP	SAN ANTONIO TX 78216			3.4. CIT		T-ZIP							- A 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	Ţ		☐ DELETE	4.1 TIT	LE						Ch	ange	Addition -
NAME	SCHAWE, SCOTT A			4. 2 NA									
STREET ADDRESS	10823 NE ENTRNCE					FADDRESS							
CITY-ST-ZIP	SAN ANTONIO TX			4.4 CIT		T-ZiP	<u> </u>				1 1 1 L	2000	☐ Addition
TITLE	P		☐ DELETĒ	5.1 TITI				سي	0-0-0-		Ch	ariye	
NAME	YOCUM, MICHAEL D			5.2 NA		***************************************	اداء	ے.	ROBERTS				1
STREET ADDRESS	10823 NE ENTRANCE					ADDRESS							
CITY-ST-ZIP	SAN ANTONIO TX 78216			5.4 CIT		T-ZIP	 				E7 05		☐ Addition
TITLE	. V		□ DELETE	6.1 TITI	LE		}				Ch:	ange	☐ Addition

SAN ANTONIO TX 78216 CITY-ST-ZIP 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 suppliemental annual perport 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 yustee 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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TODD: RONALD F

10823 NE ENTRANCE

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. SCHAWE

BRUCE KISSLING

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90256 011 ***150.00

CR2E034 (11/98)