

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000006604
1. Corporation Name

MERLIN VENTURES, INC. ~~dba MORTGAGE 2000~~

Principal Place of Business Mailing Address
20423 state Rd. 7 Suite 151
Boca Raton, Fl. 33498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

1/7/98

4. FEI Number

58-2329012

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 or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Douglas E. Greer
20423 State Rd. 7 Suite 151
Boca Raton, Fl. 33498

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]* PRESIDENT
Douglas E. Greer

DATE 4/30/98
(NOTE: If a signed Agent signature is required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME President, Director
STREET ADDRESS Douglas E. Greer
CITY-ST-ZIP 10888 Avenida Santa Ana
Boca Raton, Fl. 33498

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Vice-President
STREET ADDRESS James Baker
CITY-ST-ZIP 9197 Ramblewood # 716
Coral Springs, Fl. 33071

19 TITLE ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

23 TITLE ☐ Change ☐ Addition
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

27 TITLE ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 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 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 or 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 addition with an address.

SIGNATURE *[Signature]* Douglas E. Greer Pres.

4/30/98

561- 477-5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)