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PROFIT					
CORPORATION					
ANNUAL REPORT					

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	# G63610
1. Cornoration Name	400010

MERRICK HOMES, INC.

Principal Place	e of Business	Mailing Address			• • • • • • • • • • • • • • • • • • • •
1491 N.W. 2151 FT. LAUDERDA		1491 N.W. 21ST FT. LAUDERDALE FL 33311			75 11 7 110 00 405
				The second secon	TE IN THIS SPACE
				3. Date Incorporated or Qualifed	
6 6 5 5 5 6 F	de la constantina de	T So. Markey Malays		10/04/1983 4. FET Number	
Z. Principal P	lace of Business	2a. Mailing Address	V 71100		Applied For
Sulte, Apt.	RICK HOMES	26 F - D - 150	X 5423	59-2327252	Not Applicable
	40 NW. 215TS	Suite, Apr. W, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State) 6. Election Campaign Financing	
23 F4.	Lauderdale	28 Ff. La	uderdal	1 rust Fund Contribution	[] \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	_ ∫ 8. This corporation owes the curr	, .
24 333	25 DROWART	29 333(0)	30 ADROWAY		[IYes = [INo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New I	Registered Agent
MOD	EAN, VAUDINE		81 Name	VAUDINE A.	MEBERAL
	IO NW 30TH PLACE		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
	RISE FL 33323		<u></u>	11810 N. W.	30 Pl.
3011	INIQE FL 33023		83		
•			84 City	1941010	85 Zip Code
de Disservant	to the of Continue 607 0603	and 607 1600. Elorida Statutor		UNRISE poration submits this statement for the	FL 33323
office or re	egistered agent, or both, in the State of	if Ftorida. Such change was aut	thorized by the corporat	tion's board of directors. I hereby accep	pt the appointment as registered
	m familiar with, and accept the obligation	ons of, Section 507.0505, Flore	ga Statutes.	D	1 01 00
SIGNATURE	Signalure, typed or printed name of registered agent	and title if applicable (NOTE F	Registered Agent sometime region	Columbia de Statuti	1-21-99
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD	(DELETE	117ifLE		[Change
NAME	MCBEAN, VAUDINE		1.2 NAME		
STREET ADDRESS	11810 NW 30TH PLACE		13 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33323		1.4 COY-ST-ZIP		
TITLE		[] DELETE	2 1 TITLE	,	[_[Add:top
NAME			2 2 NAME	800002 -02/1	n/9901075025
STREET ADDRESS			2.3 STREET ADDRESS	常是常常	158.75 ****158.75
CITY-ST-ZIP			2 4 City-St-ZiP		
TITLE		[] DELETE	3 1 TITLE		[] Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 C(TY-ST-ZIP)		
TITLE		[] DELETE	4.1 TITLE		[] Change [] Addition
NAME			4 2 NAME		

T.S. 2/5/99 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, with all other statutes.

51 Dive

6 1 TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

[] DELETE

DELETE

1-21-99