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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

377 1996

H27412

(6)

| OCUME Corporation Nar | | 12 (6) | | | |
|---------------------------------|--|--|----------------------------------|--|--|
| | ON BUG OF MERRITT ISL | LAND, INC. | | | |
| Principal Place of E | Business | Mailing Address | | 1 1201011 Atla 11A(1 10A(1 Atlat I) | |
| 325A E. MERF | RITT ISLAND CAUSWAY | 450 WINKS LN | | | |
| 450 WINKS LA | 450 WINKS LANE 450 WINKS LANE MERRITT ISLAND FL 32952 BENSALEM PA 1 | | | Date Incorporated or Qualified | 3a. Date of Last Report |
| MERRITT ISLA US | HIND IF 35805 | US US | | 3. Date Incorporated or Qualified 10/26/1984 | 03/23/1995 |
| | | 2a. Maiing Address | | 4. FEI Number | Applied For |
| 2. Principal Place | e of Business | 2a. Maiing Address | | 23-2361011 | Not Applicable |
| Suite, Apt. #, € | otc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Suite, Apt. #, € | | 27 | | | \$5.00 May Be |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 3 | | 28 | Country | 8. This corporation has liability for i | intangible tax under s. 199.032, |
| Zip | Country | Ζφ [29] | 30 Country | Florida Statutes | s 🔲 No |
| 4 | 9. Name and Address of Curre | | | 10. Name and Address of New R | Registered Agent |
| | J. Harris Billy Musicos Of Cuffe | | 81 Name | | |
| A + AA | RPORATION SYSTEM | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | ble) |
| U I UO 97€4 \\ | REST BROWARD BLVD. | | | | |
| | ATION FL 33324 | | 83 | | |
| LOWIN | | | 84 City | | FL 85 Zip Code |
| | | | | poration submits this statement for the publication of directors. Thereby accept the app | -4 -bassing its registered office |
| or registered familiar with, | d agent, or both, in the State of Flo n, and accept the obligations of, Sec signature typed to programme of myeliced are | ection 607.0505, Florida Statutes. | ed by the corporation is out. | anad wher rendating | DATE DESCRIPTION OF TAXABLE PROPERTY OF TAXABL |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | FFICERS AND DIRECTORS IN 12 |
| 12. | D | THE THE PROPERTY OF THE PROPER | 1 1 1171.6 | DORRIT BERN 450 WINKS LANG BENSALEM, PA | V CT) W Charge LT Application |
| NAME | WACHS, DAVID | | 1.2 NAME | 450 ININKS LANE | E |
| STREET ADDRESS | 450 WINKS LANE | | 1.3 STREET ADDRESS | Realson DA | 19020 |
| CITY - ST - ZIP | BENSALEM PA | | 1.4 CHTY - ST - ZIP | DENSALEM, FR | Change Addition |
| TITLE | DP | , at IE | 2 1 THLE | | |
| NAME | WACHS, PHILIP | | 2.2 NAME 2.3 STREET ADDRESS | | |
| STREET ADDRESS | 450 WINKS LANE | ₩ | | | |
| CITY-ST-ZIP | BENSALEM PA | ☐ DELETE | 2.4 CITY - ST - ZIF 3.1 TITLE | | Change Addition |
| TITLE | S BRODERY BERNARD | (_) D(LLIC | 3 2 NAME | | |
| NAME | BRODSKY, BERNARD | | 3.3 STREET ADDRESS | | |
| STREET ADDRESS | 450 WINKS LANE | | 3 4 CiTY - SI - ZiP | | |
| CITY - ST - ZIP | BENSALEM PA DV | ☐ CALCETE | 4 1 TILE | | ☐ Change ☐ Addition |
| TITLE . | WACHS, ELLIS | - | 4.2 NAME | | |
| NAME STREET ADDRESS | 450 WINKS LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BENSALEM PA | | 4.4 CHY - ST - 2IF | | Crange Addition |
| TITLE | Vī | DELETE | 5 1 THLE | <u> </u> | |
| NAME | BRODSKY, BERNARD | | 5 2 NAME | 6000017 -04/24/960 | 1011001 |
| STREET ADDRESS | 450 WINKS LANE | | 5 3 STREET ADDRESS | -04/24/360 ***10800.00 | |
| CITY - ST - ZIP | BENSALEM PA | | 5.4 CHY-SY-ZIP | ***10000.00 | ☐ Change ☐ Addition |
| TITLE | D | Z DELETE | 6 1 THLE | 1 | 700 |
| NAME | SIDWATER, SAMUEL | | 62 NAME | 1 | 14.7 |
| STREET ADDRESS | 450 WINKS LANE | | 6 3 STREET ADDRESS | Į. | ţ |
| CITY - ST - ZIP | BENSALEM PA | | 6.4 C/TY - S1 - Z/P | lalify for the exemption stated in Section 1 | 10 07/3/k) Florida Statutes 1 further |
| GILL - ST EN | | the state of the s | urniched and done not our | with tot the exemption stated in aection . | 18.01 (S)(N), 1 ionida otatolos. Horrio |

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 carth; 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 man attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28.96 (215)633-4624