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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H40207

(3)

THE MERLIN LAW GROUP, P.A.

FILED Feb 24 1997 8:00am Secretary of State

Not Applicable

Principal Place of Business	Mailing Address		
1100 N. FLORIDA AVE. SUITE 300 TAMPA FL 33602 US	1100 N. FLORIDA AVE. SUITE 300 TAMPA FL 33602-3302 US		
		3. Date Incorporated or Qualified 01/29/1985	3a. Date of Last Report 02/15/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For

28 Trust Fund Contribution Added	May Be to Fees . 199.032,
28 Trust Fund Contribution Added	to Fees
	. 199.032,
Zip Country Zip Country 8. This corporation has liability for intangible tax under a	
24 25 29 30 Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
MERLIN, WILLIAM F JR. 81 Name	
1100 NORTH FLORIDA AVE., SUITE 300 82 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33602	
83	
84 City 85 Zip	Code
	0000
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	ts 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 agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	registerea
SIGNATURE Signature, typoid or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): DATE	
12. OFFICERS AND DIRECTORS 13. ADOITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE DPS DELETE 1.1 TITLE Change	Addition
NAME MERLIN, WILLIAM F. JR. 12 NAME	
STREET ADDRESS 1100 N. FLORIDA AVENUE 1.3 STREET ADDRESS	
CITY-SI-ZIP TAMPA FL : 1.4 CITY-SI-ZIP	
TILE T DELETE 2.1 TITLE Change	Addition
NAME MERLIN, WILLIAM F., JR. 2.2 NAME	
STREET ADDRESS 1100 N. FLORIDA AVENUE 2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DOUET: 4.1 TITLE Change	Addition
4.2 NAME	
STHEET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME : 5.2 NAME :	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	****

6.4 CITY - ST - ZIP 14. I do heroby 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 of 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 changled, or on an attackment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP