

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H94590**

(7)

1. Corporation Name
MERRITT REALTY, INC.

Principal Place of Business

% ROBERT V. SCHWERER
4822 SOUTH U.S. #1
FT PIERCE FL 34982

Mailing Address

% ROBERT V. SCHWERER
4822 SOUTH U.S. #1
FT PIERCE FL 34982-7013



3. Date Incorporated or Qualified 01/15/1986	3a. Date of Last Report 08/27/1996
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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

4. FEI Number
59-2636396

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWERER, ROBERT V.
515-519 S. INDIAN RIVER DR
FT PIERCE FL 33450**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MERRITT, EDWIN S.	
STREET ADDRESS	4822 SOUTH U.S. 1	
CITY-ST-ZIP	FT PIERCE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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 of an attachment with an address.

SIGNATURE

Edwin S. Merritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN S. MERRITT

4-10-97

561-464-9728

Date

Daytime Phone #

0406644

CR2E034 (9/96)