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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H94590

(7)

1. Corporation	on Name			ζ.	,							
MERRI	TT REAL1	ry, inc.										
									HARARA MARANTARA MARA	ir eleki eleki		H 110 11 130 5
Principal Place of Business Mailing Address									a salitate Maith sante Alfide Milling (Mill) f gi	pri Q1Q16 B4B41 1	ardır miğir biği	IT 305 (1 1 3 €(
% ROBERT V. SCHWERER % ROBERT V. SCHWERER												
<4002 SOUTH U.S. #1 <4002 SOUTH U.S. #1 FT PIERCE FL 34962 FT PIERCE FL 34962									DO NOT WRITE IN THIS SPACE			
TI FIGHOG CE OFFICE CE OFF									3. Date Incorporated or Qualified			
								ı	01/15/1986			
2. Principal F		ness	2a. Mailing Address					1	4. FEI Number		Ar	oplied For
21 48	ろス		26	26 4832					59-2636396		No	ot Applicable
Suite, Apt.	#, elc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22	•	27							<u></u>	Fee Re	equired	
City & Stat	te			City & State				l	6. Election Campaign Financing	_	\$5.00	
23		0-1-1-1	28	7					Trust Fund Contribution		Added	
Zip		Country	⊢ ¬	Zip Cou				•		has paid the current year Intapgible e June 30.		
24	4 25 29 30 30 9. Name and Address of Current Registered Agent								Personal Property Tax due June 10. Name and Address of New Re			1 NO.
											/-	
SCHWERER, ROBERT V. 515-519 S. INDIAN RIVER DR							Name					
FT PIERCE FL 33450						82	Street A	Address	s (P.O. Box Number is Not Accepta	ple)		į
FI FICHOE PL 33430												
						Ш						
						84	City			FL	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607	7.1508, Florida	Statutes, the	above	-named c	corpora	ation submits this statement for the	purpose of	changing it	s registered
office or r	registered ag m familiar w	jent, or both, in the Sta ith, and accept the obl	ite of Florida	i. Such change Section 607.05	was authoriz	ed by	the corpo	oration	's board of directors. I hereby acce	pt the appo	ointment as	registered
_	arri recomment to	iai, and accept the con	iganoria (i.	0000001007.00	, , , , , , , , , , , , , , , , , , ,	idioi0.	,					
SIGNATURE	Signature, typed	or printed name of registered i	spent and tille if	applicable	(NOTE Registe	red Age	nt signature r	required v	when reinstating)	DATE		
12.	7 88	OFFICERS A	ND DIRECT		13				ADDITIONS/CHANGES TO OFFI	CERS AND		
TrILE	PD	* 50454.0		☐ DELE		TITLE					Change	L Addition
NAME 4/8	MERRAI	T, EDWIN S.		1.2 N			1					
STREET ADDRESS		OUTH U.S. 1					1.3 STREET ADDRESS					
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NAME						NAME						
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STREET ADDRESS					5.3	STREET	ADDRESS					
CITY - ST - ZIP	{					CITY-S						
TITLE		<u> </u>		☐ DELE		TITLE	-				Change	Addition
NAME	1				6.2	NAME						1

14. Thereby 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.

STREET ADDRESS

SIGNATURE: Edwin 5. MERRITT

63 STREET ADDRESS

FILED

Mar 24 1998 8:00am

Secretary of State