


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

FILED
May 16 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 # K02920

(2)

1. Corporation Name
MERITCO, INC.

Principal Place of Business
9011 MIDNIGHT PASS RD.
UNIT # 531
SARASOTA FL 34242
US

Mailing Address
9011 MIDNIGHT PASS RD.
UNIT #531
SARASOTA FL 34242-2867
US

3. Date Incorporated or Qualified 11/17/1987
3a. Date of Last Report 07/26/1996

2. Principal Place of Business
21 6481 COLLINGWOOD CIRCLE
Suite, Apt. #, etc.
22 SARASOTA, FL
City & State
23 SARASOTA
Zip
24 34238
Country
25 FL

2a. Mailing Address
26 6481 COLLINGWOOD CIRCLE
Suite, Apt. #, etc.
27
City & State
28 SARASOTA
Zip
29 34238
Country
30 FL

4. FEI Number 65-0287815
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
DOWNS, BERNARD F.
3876 OAK GROVE DRIVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 6481 COLLINGWOOD CIRCLE
84 City SARASOTA FL 85 Zip Code 34238

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	DOWNS, BERNARD F.	
STREET ADDRESS	9011 MIDNIGHT PASS RD., UNIT 531	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	DOWNS, BERNARD F.	
STREET ADDRESS	9011 MIDNIGHT PASS RD., UNIT 531	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DOWNS, BERNARD, F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	6481 COLLINGWOOD CIRCLE	
1.4 CITY - ST - ZIP	SARASOTA FL 34238	
2.1 TITLE	DOWNS, BERNARD, F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	6481 COLLINGWOOD CIRCLE	
2.4 CITY - ST - ZIP	SARASOTA FL 34238	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 on an attachment with an address.

SIGNATURE:

BERNARD F. DOWNS

4-25-96

941-927-9519
412-898-3513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0431113

CR2E034 (9/96)