SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:29

DOCUMENT # **K14290** **(6)**

1. Corporation Name
MERCHANDISE BROKERS, INC.

Principal Place of Business	Mailing Address
~~27100 OLD DIXIE HIGHWAY~~ ~~NARANJA FL 33032~~ 9013 SW 78 PL MIAMI FL 33156	~~27100 OLD DIXIE HIGHWAY~~ ~~NARANJA FL 33032~~ PO Box 561008 Miami FL 33256-1008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1988	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2905686	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLEMAN, PHILLIP LLOYD
~~27100 OLD DIXIE HWY~~
~~NARANJA FL 33032~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9013 SW 78 PL
83 Miami FL 33156
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] 6/6/95
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	S	11 TITLE		☑ Change ☐ Addition
NAME	COLEMAN, PHILLIP L.	12 NAME		
STREET ADDRESS	~~27100 OLD DIXIE HIGHWAY~~	13 STREET ADDRESS	9013 SW 78 PL	
CITY-ST-ZIP	~~NARANJA FL~~	14 CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	NEEL, ASHER J.	22 NAME		
STREET ADDRESS	400 WOODLAWN CEMETERY RD	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	SWANSON, RICK	32 NAME		
STREET ADDRESS	12791 STATE RD 82	33 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	FLOBECK, RONALD V.	42 NAME		
STREET ADDRESS	1630 PINE ISLAND ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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: [signature] Phillip L. Coleman 6/6/95 305-274-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031354 CP