

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K36415 (3)

1. Corporation Name

MERRITT SYSTEMS, INC.



Principal Place of Business

C/O DANIEL G. WEGERIF
2120 LEEWARD LANE
MERRITT ISLAND FL 32953

Mailing Address

C/O DANIEL G. WEGERIF
2120 LEEWARD LANE
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified
10/04/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 435 Gus Hipp Blvd.

Suite, Apt. #, etc.

22 Building B

23 Rockledge FL

24 32955 Brevard

2a. Mailing Address

26 435 Gus Hipp Blvd.

Suite, Apt. #, etc.

27 Building B

28 Rockledge FL

29 32955 Brevard

4. FEI Number

59-2909500

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

WEGERIF, DANIEL G.
2120 LEEWARD LANE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name RONALD Remus
82 Street Address (P.O. Box Number is Not Acceptable)
435 Gus Hipp Blvd
83 Building B
84 City Rockledge FL 85 Zip Code 32955

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 607.1505, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when re-stating)

4/24/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEGERIF, DENISE M	
STREET ADDRESS	2120 LEEWARD LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEGERIF, DANIEL G.	
STREET ADDRESS	2120 LEEWARD LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEGERIF, CAROLYN M	
STREET ADDRESS	3000 TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
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	D/Chief Executive Officer/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD Remus	
1.3 STREET ADDRESS	435 Gus Hipp Blvd., Building B	
1.4 CITY-ST-ZIP	Rockledge FL 32955	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth H. Frederick	
2.3 STREET ADDRESS	435 Gus Hipp Blvd., Building B	
2.4 CITY-ST-ZIP	Rockledge FL 32955	
3.1 TITLE	D/V.P./S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Philip A Napolitano	
3.3 STREET ADDRESS	435 Gus Hipp Blvd. Building B	
3.4 CITY-ST-ZIP	Rockledge	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 (407) 632-2923

CP2E034 (12/95)