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**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K36415 (3)

**1. Corporation Name
MERRITT SYSTEMS, INC.**



Principal Place of Business: 435 GUS HIPP BLVD BLDG B ROCKLEDGE FL 32955 US
Mailing Address: 435 GUS HIPP BLVD BLDG B ROCKLEDGE FL 32955-4804 US

3. Date Incorporated or Qualified: 10/04/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business:
21. State, Apt. # etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address:
26. State, Apt. # etc.
27. City & State
28. Zip
29. Country
4. FEI Number: 59-2909500
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:
**RONALD REMUS
435 GUS HIPP BLVD
BLDG B
ROCKLEDGE FL 32955**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ **DATE:** _____
Signature required for principal place of business and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCET <input type="checkbox"/> DELETE	11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD REMUS	12 NAME	
STREET ADDRESS	435 GUS HIPP BLVD BLDG B	13 STREET ADDRESS	
CITY-STATE-ZIP	ROCKLEDGE FL	14 CITY-STATE-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH H. FREDERICK	22 NAME	
STREET ADDRESS	435 GUS HIPP BLVD BLDG B	23 STREET ADDRESS	
CITY-STATE-ZIP	ROCKLEDGE FL	24 CITY-STATE-ZIP	
TITLE	DVPS <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP A NAPOLITANO	32 NAME	
STREET ADDRESS	435 GUS HIPP BLVD BLDG B	33 STREET ADDRESS	
CITY-STATE-ZIP	ROCKLEDGE FL	34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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. I changed, or on an attachment with an address.

SIGNATURE: _____ **DATE:** 2/27/97

CR2E034 (9/96)