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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K43813

1. Corporation Name

MERRICK DESIGN CORP.

						ACREC BIBEL BLACK B		
Principal Place	e of Business	Mailing Address						
1499 W PALMETTO PARK RD 1499 W PALMETTO PARK RD								
SUITE 400 SUITE 400 BOCA RATON FL 33486 BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE				
BOOM HATOR TE SOMO					3. Date Incorporated or Qualifed			
1					11/07/1988			
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Ap	plied For	
21	,	26			65-0082486	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional	
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	e	City & State		- "	6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Countr	у	This corporation owes the current year in			
24	25	29 3	0		Personal Property Tax.	Yes	Mo No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent		
	151 A 151 A 151 A 15		8	i Name				
MORRIS, LELAND M.				2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
1499 W PALMETTO PARK RD				1				
SUITE 400 BOCA ARATON FL 33486				3				
				4 City		85 Zip (Code	
				4 City	Fi	_ 05 215 \	0000	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	ve-named co	rporation submits this statement for the purpose o	f changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	horized b	v the corpora	ation's board of directors. I hereby accept the appo	antment as re	gistered	
-	Til tallillar with, and accept the congat	tions of, decitor correction, i fond						
SIGNATURE	Stanature, typed or printed name of registered agen	at and title if applicable. (NOTE: R	egistered Ap	ent signature requ	ired when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	MORRIS, LELAND M.		1.2 NAME	:			İ	
STREET ADDRESS	1499 W PALMETTO PRK #400		1.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	BOCA RATON FL		1.4 C/TY-	ST-ZIP			_	
TITLE		☐ DELETE	2.1 T/TLE			Change	Addition	
NAME			2.2 NAME	: 1			İ	
STREET ADDRESS	,		2.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP			2. 4 CITY					
TITLE		☐ DELETE	3.1 TITLE		V 2 8 7 7 7 8 4	Change	Addition	
NAME			3.2 NAME	:				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	- 1				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM					
}			l	ET ADDRESS				
STREET ADDRESS			4.0 SIAE	LI ADDRESS				

14. I 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FLELAND MOKKIS INTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

Addition

☐ Addition