


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90181 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K50312

1. Corporation Name

MERSON INTERESTS, INC.

Principal Place of Business

482 N HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address

482 N HARBOR CITY BLVD
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1988

4. FEI Number

65-0104764

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 owes the current year Intangible

Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21 **1900 GLADES RD**

Suite, Apt. #, etc.

22 **101**

City & State

23 **BOCA RATON, FL**

Zip

24 **33431**

Country

25 **USA**

2a. Mailing Address

26 **21218 ST. ANDREWS BLVD.**

Suite, Apt. #, etc.

27 **# 506**

City & State

28 **BOCA RATON, FL**

Zip

29 **33433**

Country

30 **USA**

9. Name and Address of Current Registered Agent

KAHN & KAHN PA
482 N HARBOR CITY BLVD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 **PAUL LEVEILLE**

83 Street Address (P.O. Box Number is Not Acceptable)

84 **1900 GLADES RD**85 **SUITE 101**

City

86 **BOCA RATON**

FL

87 Zip Code

88 **33431**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **D**
STREET ADDRESS **MERSON, BOB**
CITY-ST-ZIP **1500 S OCEAN BLVD #5501**
BOCA RATON FLTITLE ☒ DELETENAME **D**
STREET ADDRESS **KAHN, MICHAEL**
CITY-ST-ZIP **2635 RANCHWOOD CT**
MELBOURNE FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Robert M. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

561-447-4013

Daytime Phone #

CR2E034 (1/1/98)