

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K51105 (0)

1. Corporation Name

MERRITT OFFICE CENTER, INC.



Principal Place of Business

Mailing Address

1175 NE 125 ST STE 102
N MIAMI FL 33161

1175 NE 125 ST STE 102
N MIAMI FL 33161

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

12/13/1988

3a. Date of Last Report

04/12/1995

4. FEI Number

65-0090158

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

10. Name and Address of New Registered Agent

TATE, STANLEY G
1175 NE 125 ST STE 102
N MIAMI FL 33161

81. Name

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

83.

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, 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
NAME DVP
STREET ADDRESS MOORE, B J
CITY-STATE-ZIP 499 STATE RD. 434 #2179
ALTAMONTE SPRINGS FL

☐ DELETE

1.1 TITLE D, VP, S
1.2 NAME MOORE, B. J.
1.3 STREET ADDRESS 499 STATE RD 434 #2179
1.4 CITY-STATE-ZIP ALTAMONTE SPRINGS, FL 32714
☒ Change ☐ Addition

TITLE
NAME DP
STREET ADDRESS TATE, STANLEY G.
CITY-STATE-ZIP 1175 NE 125 ST STE 102
N MIAMI FL

☐ DELETE

2.1 TITLE D, P, T
2.2 NAME TATE, STANLEY G.
2.3 STREET ADDRESS 1175 NE 125 ST # 102
2.4 CITY-STATE-ZIP NORTH MIAMI, FL 33161
☒ Change ☐ Addition

TITLE
NAME ST
STREET ADDRESS BUTTS, DOROTHY
CITY-STATE-ZIP 1175 NE 125 ST STE 102
N MIAMI FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME AS
STREET ADDRESS HOLLINGSWORTH, GEORGE II
CITY-STATE-ZIP 499 STATE RD 434 #2179
ALTAMONTE SPGS FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE D
5.2 NAME TATE, JOANNE
5.3 STREET ADDRESS 1175 N.E. 125th ST #102
5.4 CITY-STATE-ZIP NORTH MIAMI, FL 33161
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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

4/19/96

Date

(305) 891-1106

Daytime Phone #

CR2E034 (12/95)