
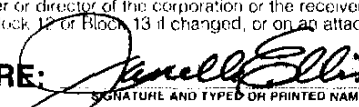


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L04931 (6)</b>					
1. Corporation Name <b>MERRILL LYNCH TRUST COMPANY</b>					
Principal Place of Business <b>50 N LAURA ST STE. 3650 JACKSONVILLE FL 32202 US</b>			Mailing Address <b>50 N LAURA ST STE. 3650 JACKSONVILLE FL 32202-3664 US</b>		
2. Principal Place of Business 21 <b>4804 Deer Lake Drive East</b> Suite, Apt. #, etc. 22 <b>2nd Floor</b> City & State 23 <b>Jacksonville, FL</b> Zip Country 24 <b>32246</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>4804 Deer Lake Drive East</b> Suite, Apt. #, etc. 27 <b>2nd Floor</b> City & State 28 <b>Jacksonville, FL</b> Zip Country 29 <b>32246</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/16/1990</b>	
				3a. Date of Last Report <b>05/01/1996</b>	
		4. FEI Number <b>22-3053804</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>QUINN, FRANCIS S. 4804 DEER LAKE DR. EAST 2ND FLOOR JACKSONVILLE FL 32246</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERS, DAVID W.		1.2 NAME		
STREET ADDRESS	P. O. BOX 9049 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMERSON, WILLIAM A.		2.2 NAME		
STREET ADDRESS	3050 82ND WAY NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, EDWIN H, JR.		3.2 NAME		
STREET ADDRESS	624 CONCORD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLETON, DAVID J.		4.2 NAME		
STREET ADDRESS	50 NORTH LAURA ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, WILLIAM A.		5.2 NAME		
STREET ADDRESS	249 ROYAL PALM WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORRIGAN, HAROLD		6.2 NAME		
STREET ADDRESS	249 ROYAL PALM WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-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 if changed, or on an attachment with an address.					
SIGNATURE:  Janelle Ellis, VP & Corp. Secretary 4-16-97 609-282-2222					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)