SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REFORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04931

4931

(6)

MERRILL LYNCH TRUST COMPANY

FILED						
Aug 05 1998 8:00am						
Secretary of State						



Principal Plac		Mailing Address				
4804 DEER LAKE DRIVE EAST SAME				\		
2ND FLOOR JACKSONVILLE FL 32246		-67E:-8850 Tjacksonville-pe-32202-		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified		
				01/16/1990		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 4800	Deer Lake Drive East	26 4800 Deer Lake Drive East		st 22-3053804	Not Applicable	
Suite, Apt.	#. etc. 3, 2nd F1.	Suite, Apt. #, etc. Bldg. 3, 2nd F1.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	8	City & State		6. Election Campaign Financing	\$5.00 May Be	
20	Jacksonville, F			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid		
3224			30 Duval	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent	
QUINN, FRANCIS S.					,	
	DEER LAKE DR. EAST		82 Street	Address (P.O. Box Number is Not Acceptable))	
	FLOOR	<u> </u>				
JACKSONVILLE FL 32246						
1			84 City		85 Zip Code	
L					FL ["] IP 5555	
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 Fiorida. 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 little if applicable (NO7	TE: Registered Agent signatu	re required when reinstating)	DATE F	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DC	DELETE	1.1 TITLE		Change 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	DELETE	2 1 TITLE		Change Addition	
NAME	EMERSON, WILLIAM A.		2.2 NAME			
STREET ADDRESS	3050 82ND WAY NORTH		2.3 STREET ADDRESS			
CITY-\$1-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change 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	Ō	DELETE	4.1 TITLE		Change Addition	
NAME	MIDDLETON, DAVID J.		4.2 NAME		المالين	
STREET ADDRESS	50 NORTH LAURA ST.		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP			
TITLE	b	X DELETE	5.1 TITLE	DP	Change X Addition	
NAME	NICHOLS, WILLIAM A.		5.2 NAME	Jo Ann Engelhardt	المالية	
STREET ADDRESS	249 ROYAL PALM WAY		5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	249 Royal Palm Way	Í	
TITLE	DC	DELETE	6.1 TITLE	Boca Raton, FL	Change Addition	
NAME	CORRIGAN, HAROLD	Fred Deckie	6.2 NAMÉ	napon, Th		
STREET ADDRESS	249 ROYAL PALM WAY		6 3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP			
		his filing dose not qualify for the		section 119 07/3Vi) Florida Statutes I furthe	or cortification information	

I. 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 appropriate.

SIGNATURE

excellent less Resident

Vice President and

7/15/98

609-282-2222