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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L06999

Principal Place of Business

FT. LAUDERDALE FL 33301

Suite Apt. # etu

City & State

2. Principa' Place of Business

**STE 600** 

108 S.E. 8TH AVENUE

203 - 204

US

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(1)

FORT LAUDERDALE FL 33303

Mailing Address

P. O. BOX 303297

2a. Mailing Address

City & State

Zip

Suite, Apl. #, etc.

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EDWARD MERRILL ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-

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FORT LAUDERDALE FL 33304

CASORIA & GOFF, P.A. 1040 BAYVIEW DRIVE

ł	TLEL	)
Feb 05	1997	8:00am
Secre	tary o	f State

	<ol> <li>Date Incorporated or Qualified 08/07/1989</li> </ol>	3a. Date of Last Report 02/02/1996		
·	4. FEI Number 65-0149861			Applied For Not Applicable
	5. Certificate of Status Desired		•	75 Additional ee Required
	Election Campaign Financing     Trust Fund Contribution			.00 May Be Ided to Fees
	8. This corporation has liability for in Florida Statutes	ntangible Yes [	tax und	der s. 199.032,
	10. Name and Address of New Re	gistered #	gent	
Name				
Street Ac	dress (P.O. Box Number is Not Acceptab	le)		
City		FL	85	Zip Code

office or registered agent, or both, in the State of Florida Such change was authorized by tagent it am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signations, typed or profest name of registe ed agent and bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE Change \_\_\_ Addition 1.1 TITLE MERRILL, EDWARD S. NAME 1.2 NAME 3005 N.E. 19TH ST. STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY - ST- ZIE 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CHY-ST ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3.4. CITY - ST- ZIP DELETE TITLE ☐ Change \_\_\_ Add tion 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TIBLE NAME 5.2 NAME STREET ADDRESS **53 STREFT ADDRESS** CHY-ST-ZiP 54 CHTY-ST-ZIP DELETE THILE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 64 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

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• I do hereby certify that the information supplied with firshling 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 function of the corporation in the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 12 or Block is if changed or it am attachment with in address.

SIGNATURE: Alle XI. Merrill 01/30/97

(954) 565-9598