SECONO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

**FILED** AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # EDWARD MERRILL ASSOCIATES, INC. Principal Place of Business Mailing Address P. O. BOX \$88297 030297 109 S.E. 8TH AVENUE FORT LAUDERDALE FL 33303-0297 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33301 3. Date Incorporated or Qualified 08/07/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0149861 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zin Country Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CASORIA & GOFF, P.A. 1040 BAYVIEW DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 800** FORT LAUDERDALE FL 33304 84 City 85 Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable CR2E034 (5/98) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Merrill, Edward S NAME 1.2 NAME 3005 N.E. 19TH ST. 1.3 STREET ADORESS STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE \_\_\_ Change \_\_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE \_\_ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE \_\_\_ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 6.2 NAME 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 exemptor trustee supplemental environments. I for the exemption of the corporation or the exemptor trustee supplemental environments.

STREET ADDRESS

an officer or director of the corpo in Block 12 or Block 13 if change

CITY-ST-Z#P

Edward S. 07/02/98

\*\*\*150.00

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(954) 565-9598