

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:21

DOCUMENT # **L14183** (2)

1. Corporation Name  
**ML OF FT. PIERCE, INC.**

Principal Place of Business Mailing Address  
**% RICHARD P. ZARETSKY**  
**1655 PALM BEACH LAKES BLVD., SUITE 900**  
**WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

|  |                           |  |               |
|--|---------------------------|--|---------------|
| 3. Date Incorporated or Qualified<br><b>09/07/1989</b>   |                           | 3a. Date of Last Report<br><b>06/28/1994</b>           |               |
| 4. FEI Number<br><b>65-0154920</b>   |                           | Applied For<br><input type="checkbox"/> Not Applicable |               |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   |                           | <b>\$8.75</b> Additional Fee Required                  |               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |                           | <b>\$5.00</b> May Be Added to Fees                     |               |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |  |               |
| 2. Principal Place of Business<br>21   | 2a. Mailing Address<br>26 | 5. Certificate of Status Desired<br>27                 |               |
| State, Apt. #, etc.<br>22  | City & State<br>23        | City & State<br>28                                     |               |
| Zip<br>24  | Country<br>25             | Zip<br>29  | Country<br>30 |

9. Name and Address of Current Registered Agent  
**ZARETSKY, RICHARD P.**  
**1655 PALM BEACH LAKES BLVD.**  
**SUITE 900**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0504, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                         |  |
|---|--|---|--|
| 11 NAME<br>12 PD<br>13 STREET ADDRESS<br>14 99 POWER HOUSE ROAD<br>15 CITY, ST, ZIP<br>16 ROSLYN HEIGHTS NY |  | 11 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 11 NAME<br>12 S<br>13 STREET ADDRESS<br>14 99 POER HOUSE ROAD<br>15 CITY, ST, ZIP<br>16 ROSLYN HEIGHT NY    |  | 21 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 11 NAME   |  | 31 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 11 NAME   |  | 41 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 11 NAME   |  | 51 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 11 NAME   |  | 61 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(g), 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. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13, changed, or on an additional form with an address.

SIGNATURE: *James P. Levin* 2/16/95 516-484-5900  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**JAMES P. LEVIN**