FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L16452 (9)

1. Corporation Name

MERIT REAL ESTATE COMPANY

100001515141
-06/16/95--01038--018
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9200 PARK BLVD STE 404 SEMINOLE FL 34647-4136 US	9200 PARK BLVD STE 404 SEMINOLE FL 34647-4136 US

2. Principal Place of Business — 26. Mailing Address

21 — 25

Suite, Apt. #

22 — 27 Suite, Apt. #, etc.

City & State

23 — 28 City & State

Zip — Country — Zip — Country

24 — 29 — 30

3. Date Incorporated or Qualified: 09/18/1989

3a. Date of Last Report: 06/06/1994

4. FEI Number: 59-2971301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERMAN, CAROL ANN
9200 PARK BLVD., STE 404
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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	DP	11 TITLE	D/SECRETARY	☒ Change ☐ Addition
NAME	BERMAN, CAROL ANN	12 NAME	SAME	
STREET ADDRESS	9200 PARK BLVD, STE. 404	13 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL	14 CITY ST ZIP		
TITLE	DT	21 TITLE	D/PRESIDENT & TREASURER	☒ Change ☐ Addition
NAME	BERMAN, LARRY W	22 NAME	SAME	
STREET ADDRESS	9200 PARK BLVD., STE 404	23 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL	24 CITY ST ZIP		
TITLE	DV	31 TITLE	D/EXEC. V.P.	☒ Change ☐ Addition
NAME	JOHNSON, JR. J	32 NAME	SAME	
STREET ADDRESS	9200 PARK BLVD, STE. 404	33 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CHANGED PER KEY PERRY 2 CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carol Ann Berman 1/8/95 (813)391-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0563526 CP