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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L16452 (9)

1. Corporation Name
MERIT REAL ESTATE COMPANY

Principal Place of Business

Mailing Address

9200 PARK BLVD
STE 404
SEMINOLE FL 34647-4136
US

9200 PARK BLVD
STE 404
SEMINOLE FL 33777-4136
US

3. Date Incorporated or Qualified
09/18/1989

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN, CAROL ANN
9200 PARK BLVD., STE 404
SEMINOLE FL 34647 33777-4136

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 DS
NAME BERMAN, CAROL ANN
STREET ADDRESS 9200 PARK BLVD, STE. 404
CITY- ST- ZIP SEMINOLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DPT
NAME BERMAN, LARRY W
STREET ADDRESS 9200 PARK BLVD., STE 404
CITY- ST- ZIP SEMINOLE FL

2.1 TITLE DP
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE DV
NAME JOHNSON, JR. J
STREET ADDRESS 9200 PARK BLVD, STE. 404
CITY- ST- ZIP SEMINOLE FL

3.1 TITLE DVT
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE DV
4.2 NAME COLLEEN M. JOHNSON
4.3 STREET ADDRESS 9200 PARK BLVD., STE. 404
4.4 CITY- ST- ZIP SEMINOLE, FL 33777-4136

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 319-0604

Daytime Phone #

CR2E034 (9/96)