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May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N36843 (3)  
1. Corporation Name  
MERCHANTS OF FLAGLER AVENUE, INC.



Principal Place of Business: C/O FRAN BREMER, 218 FLAGLER AVE, NEW SMYRNA BEACH FL 32169 US  
Mailing Address: 401 FLAGLER AVE, NEW SMYRNA BEACH FL 32169 US

3. Date Incorporated or Qualified: 02/20/1990  
4. FEI Number: 52-1724141  
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. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: BREMER, FRAN, 401 FLAGLER AVE, NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	BREMER, FRAN	1.1 TITLE	
STREET ADDRESS: 401 FLAGLER AVE		1.2 NAME	
CITY-ST-ZIP: NEW SMYRNA BEACH FL		1.3 STREET ADDRESS	
TITLE: DP	ALETTI, ADELE	1.4 CITY-ST-ZIP	
STREET ADDRESS: 314 FLAGLER AVE		2.1 TITLE	
CITY-ST-ZIP: NEW SMYRNA BEACH FL		2.2 NAME	
TITLE: D	COOPER, BERDETTE	2.3 STREET ADDRESS	
STREET ADDRESS: 121 FLAGLER AVE		2.4 CITY-ST-ZIP	
CITY-ST-ZIP: NEW SMYRNA BEACH FL		3.1 TITLE	
TITLE: [ ] DELETE		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE: [ ] DELETE		4.1 TITLE	
STREET ADDRESS:		4.2 NAME	
CITY-ST-ZIP:		4.3 STREET ADDRESS	
TITLE: [ ] DELETE		4.4 CITY-ST-ZIP	
STREET ADDRESS:		5.1 TITLE	
CITY-ST-ZIP:		5.2 NAME	
TITLE: [ ] DELETE		5.3 STREET ADDRESS	
STREET ADDRESS:		5.4 CITY-ST-ZIP	
CITY-ST-ZIP:		6.1 TITLE	
TITLE: [ ] DELETE		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fran Bremer 4/27/98

CR2E037 (10/97)