

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 14 1997 8:00am
Secretary of State

DOCUMENT # P92000008383 (1)

1. Corporation Name
MERG, INC.



Principal Place of Business

630 U.S. 1
SUITE 203
N. PALM BEACH FL 33408

Mailing Address

2255 GLADES ROAD
ONE BOCA PLACE, SUITE 411E
BOCA RATON FL 33431-7382

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GOTTSEGEN, STANLEY D ESQ.
2255 GLADES ROAD
ONE BOCA PLACE, SUITE 411E
BOCA RATON FL 33431

3. Date Incorporated or Qualified

12/01/1992

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0372455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

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

Florida Statutes

☐ Yes

☐ No

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ELRAD, MARTIN H
CITY-ST-ZIP 6937 LAKE ESTATES COURT
BOCA RATON FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS MADAN, ROBERT
CITY-ST-ZIP 17033 BROOKWOOD DRIVE
BOCA RATON FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS MADAN, PEGGY
CITY-ST-ZIP 17033 BROOKWOOD DRIVE
BOCA RATON FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS ZATREPALEK, CHARLIE
CITY-ST-ZIP 630 U.S. 1, SUITE 203
N. PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 *Robert W Madan* ROBERT W MADAN 11/14/97 (561) 482-7799

CR2E034 (9/96)