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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9300009708

. Corporation Name

MER/VAC, INC.

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Principal Place	of Business	Mailing Address	•		1:			
1008 S FEDERAL HWY		1008 S FEDERAL HWY			• •			
DANIA FL 33004		DANIA FL 33004	•		DO NOT WRITE IN THIS SPACE			
US		US		3 Date	Incorporated or Qualifec			
-				•	01/1993		<i>8</i> -	
		a Baritina Address		4. FEI I		11	Applied For	
<del></del>	ace of Business	2a. Mailing Address			0386103	` <del>   </del>	Not Applicable	
21		Suite, Apt. #, etc.		037	<u> </u>	\$8.75	Additional	
Suite, Apt.	#, etc.	——————————————————————————————————————		5. Certi	fcate of Status Desired	1 1	Required	
22	<u></u>	City & State		- Floor	tion Compaign Financian	. \$5.0	0 May Be	
City & State	e	— ·		•-	tion Campaign Financing t Fund Contribution		d to Fees	
23	Country	Zip	Country		corporation owes the cu			
Zip		29	30		onal Property Tax.	XYes	□No	
24	9. Name and Address of Curi		30[		ne and Address of New	Registered Agent		
		A THE STATE OF THE	81 Na	me				
SCH	UETT, JOHN		_ <del>  _  </del>			4-61-1		
1738 S.W. 13TH CT.			<b>82</b> Str	eet Address (P.O. B	Idress (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL			83			<b>有数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数</b>	No. of Strain	
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			.   84   Cit				p'Code ""	
A4C Dumunit	to the provisions of Sections 607 (	0502 and 607 1508. Florida Statute	es, the above-nar	ned corporation sub	mits this statement for th	e purpose of changing	its registered	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with the accept the obl	ate of Florida. Such change was a	thorized by the o	orporation's board o	of directors. I hereby acc	ept the appointment as	registered	
S coopt to	w familiae with wind afroant the obl							
agent. ra	In familiar with a locept the obt		ida Sialules.		<u></u>	1 / 00	2_	
SIGNATURE	M. String	H. Schuelt Pres	retent M	rvae In	ζ.	DATE	3	
SIGNATURE	Agnature, typed or printed name of registered	agent and title if applicable. (NOTE	Registered Agent signs	ture required when reinstati	ng)	DATE		
SIGNATURE	Indured type of printed name of registered OFFICERS	H. Schuelt Pres	retent M	ture required when reinstati	ζ.	DATE	TORS IN 12	
SIGNATURE  12.  TITLE	Agnature typegor printed name of registered OFFICERS	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signs	ture required when reinstati	ng)	DATE OFFICERS AND DIREC	TORS IN 12	
SIGNATURE  12.  TITLE  NAME	Andural type of printed name of registered OFFICERS PD SCHUETT, JOHN	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signs 13.	ture required when reinstati	ng)	DATE OFFICERS AND DIREC	TORS IN 12	
12. TITLE NAME STREET ADDRESS	PD SCHUETT, JOHN 1738 S.W. 13TH CT.	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agont signs  13  1.1 TITLE .  1.2 NAME  1.3 STREET ADDF	ture required when reinstati	ng)	DATE OFFICERS AND DIREC	TORS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUETT, JOHN 1738 S.W. 13TH CT. FT. LAUDERDALE FL	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signs 13. 1.1 TITLE 1.2 NAME	ture required when reinstati	ng)	DATE OFFICERS AND DIREC	TORS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SCHUETT, JOHN 1738 S.W. 13TH CT. FT. LAUDERDALE FL	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	Registered Agont signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDF 1.4 CITY-ST-ZIP	ture required when reinstati	ng)	DATE  FFICERS AND DIREC  Chang	TORS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHUETT, JOHN 1738 S.W. 13TH CT. FT. LAUDERDALE FL STD RICHARDS, CHARLENE	agent and title if applicable. (NOTE: AND DIRECTORS  DELETE	Registered Agont signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDF 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Cure required when reinstati ADDI	ng)	DATE  FFICERS AND DIREC  Chang	TORS IN 12	
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

PORSON CHEIN.

FT. 医电影图示证 A

TITLE

NAME

STREET ADDRESS

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

president

1-6-9

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90021 013 \*\*\*150.00

922-0216

☐ Change

Addition

CR2E034 (11