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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017139 (5)

MERRITT & COMPANY, INC.

FILED Jul 16 1998 8:00am Secretary of State



					<u> </u>
Principal Place of Business Mailing Address					
1390 MAIN STREET 1390 MAIN STREET					
SARASOTA FL 34236 SARASOTA FL 3			DO NOT WRITE IN THIS SPACE		SPACE
				3. Date Incorporated or Qualified	
				03/08/1993]
2. Principal Pl	ace of Business	2a. Mailing Address	_	4. FEI Number	Applied For
21 Ons	Sarasata Tower	26 P.O. Box	32L	65-0399574	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 410		27			Fee Required
City & State		City & State	PL	6. Election Campaign Financing	\$5.00 May Be
	OBOTEL, FL	28 Sarasota	Country	Trust Fund Contribution	Added to Fees
Zip 24 3423	Country 25 U. S.		ن.S.	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year intangible
24 3423	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	
00	_ 		B1 Name		<u> </u>
BROWN, DARYL					
1819 MAIN STREET			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
STE. 1100 SARASOTA FL 34236			B3	, , , , , , , , , , , , , , , , , , ,	
SAI.	NASOTA FE 34230				
	•		B4 City	F	L B5 Zip Code
4. Developed Continue of Continue COT 0500 and SOT 1500 Statida, the phase named corporation submits this statement for the number 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 Startslure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, SCOTT L		1.2 NAME		
STREET ADDRESS	1390 MIAN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY - ST- ZIP		
TITLE		DELETE	2.1 TITLE		Change L Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	÷		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TETLE		DELËTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	•	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		ŀ	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 I hereby o	sertify that the information supplied wit	h this filing does not qualify for the	e exemption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report of 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 recorder or trusted 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 the attack that I am an officer or director of the corporation or the recorder of the corporation or the recorder of the corporation or the recorder of the corporation of the corporation or the recorder of the corporation of the corpora