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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043964

1. Corporation Name

GEORGE MERLIN ASSOCIATES INC.

Principal Place of Business

Mailing Address

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90077 006 ***150.00

Suite, Apt. #, etc. Suite, Ap	254 SOUTH OR SARASOTA FL	ANGE AVE	2 53_SOUTH_ORANGE-AVE. S arasota=FL-32236			DO NOT WRITE IN TH	IS SPACE	
22. Maling Address 23. Maling Address 24. Maling Address 25. Maling Address 26. Maling Address 27. Mal		<u>ئىسىنىسىنىسىن</u>						
Soulis, Apt. #, etc.					<u> </u>			
Sulla Apt R, etc. Sulla Apt R, etc. Sulla	2. Principal Pla	ace of Business	2a. Mailing Address		$\overline{}$	1 1	— — -	
S. Certification of Status Desired Fee Required	217719	1 Holiday Ur.	26 7719 101	do	$\mathcal{L}U^{\mathcal{C}}$	65-0423463		
Trust Fund Contribution	Suite, Apt. #	Harbor Villa	$a \sim \Box \subset \Box \cup \Box \cup \Box \cup \Box$	bor '	Villag	5. Certifcate of Status Desired		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name 14. Name and Address of New Registered Agent 15. Name 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Proposition of the Company of th	City & State	asota, FL	H 6' - ' '	, FT				- 1
MERLIN, GEORGE 252 SOUTH-ORANGE AVE. 7719 Holiday DV 1965 1922 1925 1925 1925 1925 1925 1925 1925 1925 1925 1925 1925 19	Zip 24 45 3	6423125 3		n ´		Personal Property Tax.	Yes	□No
MERLIN, GEORGE		9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registere	d Agent	
SARBADITA FL. 3428 STUDY HOUSE AND STATE	MEDI	IN GEODGE		81	Name			_}
### City FL 85 Zip Code ### City FL 85 Zip Code			19 Holiday Dr.	.	Street Addr	ress (P.O. Box Number is Not Acceptable)	_	
11. Pursuant-to-the-provisions of-Sections 607.0502 and 607.1509-Eloidad Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, or both and accept the deposition's board of directors. I hereby accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered agent, or both and accept the appointment as registered and accept the corporation's DATE and accept the corporation's DATE and accept the appointment as registered agent, or both accept the appointment as registered agent, and accept the appointment as registered agent, and accept			100 1 100	"U				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered agent, or both, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE		S	1 3473	۱ ۱ ۲	-		L	
SIGNATURE Signature, typed or protect name of registered agent and the if appticable. (NOTE: Registered Agent segnature required when reinstiting) 12. OFFICER'S AND DIRECTORS D DELETE 11. TITLE D MERLIN, GEORGE 7.19 Holiday Dr. 12. YAME STREET ADDRESS SABASOTA FL. 34236. Sora Signat, FL. 34231. 14. CITY-ST-ZP 13. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS IN 12 12. YAME 12. YAME 12. YAME 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICER'S AND DIRECTORS IN 12 12. YAME 12. YAME 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-ZP 14. CITY-ST-ZP 15. CHange 16. Addition 16. YAME 16. YAME 17. YAME	11Pursuant-	o the provisions of Sections 607	.0502 and 607-1508 Elorida Statutes	the above	named.com	poration submits this statement for the purpose	of changing	its registered
12	oπice or re agent. I an	egistered agent, or both, in the S n familiar with, and accept the ol	oligations of, Section 607.0505, Florida	Statutes.	ne corporanc	on a board of directors. I floredy decept the dep		
12	SIGNATURE							
TITLE					signature require		AND DIDEC	TOPS IN 12
MERLIN, GEORGE 7719 Holiday Dr. STREETADDRESS CITY-ST-ZIP TITLE SARASOTA FL 34236 STREET ADDRESS A. CITY-ST-ZIP TITLE DELETE 1 TITLE DELETE 1 STREET ADDRESS A. CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE A. CITY-ST-ZIP TITLE DELETE A. CITY-ST-ZIP TITLE DELETE A. CITY-ST-ZIP TITLE DELETE A. CITY-ST-ZIP TITLE AAGIION AAGIION TITLE AAGIION TITLE AAGIION TITLE AAGIION AAGIION TITLE AAGIION TITLE AAGIION AAGIION TITLE AAGIION AAGIION TITLE AAGIION AAGIION TITLE AAGIION AAGIION TITLE AAGIION TITLE AAGIION AAGIION AAGIION TITLE AAGIION AAGIION AAGIION TITLE AAGIION TITLE AAGIION AAGIION AAGIION AAGIION AAGIION TITLE AAGIION AAGII						ADDITIONS/CHANGES TO OFFICERS		
3 3 3 3 3 3 3 3 3 3	i		_					,,
CITY_ST_ZIP SABASOTA FL_34236 Sor a Sicha FL_34231 14 CITY_ST_ZIP Change Addition	NAME	MEKLIN, GEURGE	119 Hollday UI.					ĺ
TITLE	STREET ADDRESS							
NAME		SAHASUTA I CETYOD			-ZIP		□ Chang	e
23 STREET ADDRESS 74. 24 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE Change Addition	_		- Deceie	į				,
CITY-ST-ZIP 1	NAME			•				ļ
DELETE DELETE 3.1 TITLE Change Addition	STREET ADDRESS							Ì
NAME NAME \$22 NAME \$33 STREET ADDRESS \$33 STREET ADDRESS \$34. CITY-ST-ZIP TITLE \$14. CITY-ST-ZIP \$42 NAME \$42 NAME \$42 NAME \$42 NAME \$44. CITY-ST-ZIP \$44. CITY-ST-ZIP \$44. CITY-ST-ZIP \$52 NAME \$52 NAME \$52 NAME \$53 STREET ADDRESS \$64. CITY-ST-ZIP \$64. CITY-ST-ZIP \$65. NAME \$62 NAME NAME \$62 NAME \$62 NAME \$62 NAME \$62 NAME \$63 NAME		,	□ pc; ete			APP P. J. M.	☐ Chane	e 🗀 Addition
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition Addi	Y		- Deterie					,
CITY:ST-ZIP	•							1
### TITLE					- 1			
NAME			□ DELETE				Chanc	e Addition
A STREET ADDRESS A STREET ADDRESS A A CTY-ST-ZIP A A CTY-ST-ZIP A A CTY-ST-ZIP A A CTY-ST-ZIP A A A CTY-ST-ZIP A A A A A A A A A			, Car Decerte					
A CITY-ST-ZIP					ADDRESS			
DELETE DELETE 5.1 TITLE Change Addition				•				
NAME	-		□ DELETE				Chang	e Addition
53 STREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP								_
					ADDRESS			
DELETE 6.1 TITLE DELETE 6.1 TITLE S2 NAME 6.2 NAME 6.3 STREET ADDRESS	ı		•	}				
NAME 6.2 NAME			□ DELETE				☐ Chang	e Addition
a a street apolice								_
5 IKEE / ALUKESS	·				ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	·							}

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.