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PROFIT CORPORATION ANNUAL REPORT

1996



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

i. Corporation	MENT # P930	000072634	(7)					
MERRI	ITT, WELLER & WELLER,	, INC.						
Principal Place	of Business	Mailing Address				1		
14411 COMMERCE WAY. STE 400 14411 COMMERCE WAY MIAMI LAKES FL 33016 MIAMI LAKES FL 33016				œ				
					3. Date Incorporated or Qualified 10/20/1993	3a. Date o	of Last Re 8/24/19	
2. Principal Pla	ice of Business	2a. Mailing Address)	· - · · · · · · · · · · · · · · · · · ·	4. FEI Number		<u> </u>	Applied For
Suite, Apt. #	f oto	Suite, Apt. #, et			65-0453838			Not Applicable
2	, oto.	27	Suite, Apr. #, etc.		5. Certificate of Status Desired			Additional Required
City & State 28		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Zip	Country 25	Zip 29	30	ntry	This corporation has liability for in Ftorida Statutes Yes	ntangible tax		
	9. Name and Address of Curr		- 1991		10. Name and Address of New Re		gent	
				81 Name		-		
	, WILLIAM O ESQ			82 Street Add	ress (P.O. Box Number is Not Acceptable	9)		
6701 SUNSET DR								
SUITE 1				83				
MIAMI FL 33143				84 City		FL	85 Zip	Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the abo	ve-named corpo	ration submits this statement for the purp	oce of chan	dieo its re	eoistered office
or registere familiar with	ed agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was aut	horized by the c	corporation's boa	rd of directors. I hereby accept the appo	intment as re	egistered	agent. I am
	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE: Ragistered	Agent signature require	d when reinstating)	DATE		
s	·	ND DIRECTORS	13.	Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
S 12.	OFFICERS A		13.			CERS AND D	DIRECTO! Change	RS IN 12
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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:

SKON PTURE AND TYPPO OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-822-8010