

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000072634

MERRITT, WELLER & WELLER, INC.

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NARINE

14411 COMMERCE WAY, STE 400 MIALU LAKES FL 33016

Principal Place of Business

SIGNATURE:

14411 COMMERCE WAY, STE 400 MIAMI LAKES FL 33016

FILED

00 APR 27 PM 1:47

SECRETARY OF STATE. TARBATTARSSEE, FUORIDA

DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed				
	·						10/20/1993				
· · ·			Mailing Address				4. FEI Number			plied For	
Η, .		26					65-0453838			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 4			Apt. #, etc.	۵. 			5. Certificate of Status Desired	,	3.75 <i>A</i> Fee Re	Additional equired	
City'& Stat	te	City 8	State		·		6. Election Campaign Financing	\$	5.00	Мау Ве	
.;		28					Trust Fund Contribution	A	idded t	o Fees	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible				
. l	25 29 30					Personal Property Tax.					
	9. Name and Address of Curr	ent Registered A	Agent			- 	10. Name and Address of New Regis	lered Agent	<u>t</u>		
001	NO WILLIAM O FOO			3	1 Na	me	•	•			
SOLMS, WILLIAM O ESQ				-	82 Street Address (P.O. Box Number is Not Acceptable)						
6701 SUNSET DR					Office Address (1.0. box Humber is Not Acceptable)						
	TE 104			[8	3						
MIA	MI FL 33143			- -	A Cit				7:- (
				l'	4 City	/		FL 85	Zip C	200e	
1. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	8, Florida Statuti	es, the abo	ve-пал	ned corpo	pration submits this statement for the purpo	se of chang	jing its	registered	
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblic	e of Florida. Such	h change was at	uthorized b	y the c	orporation	n's board of directors. I hereby accept the	appointment	t as rec	gistered	
-	an farmar war, and accept the obig	jations of, Section	11 007.0303, 1-10.	ilua Statuti	35.						
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable	e (NOTE:	Registered Ac	ent signat	ure required	when rainstating) DA	TE			
2.	OFFICERS A	ND DIRECTORS	3	13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIR	ECTO	RS IN 12	
ILE	DP ·		▼ DELETE	1.1 TITLE				□ CI	hange	Addition	
	NARINE, MARY S			1.2 NAME							
IREET ADUKESŠT	590 WALDEN CT			1.3 STRE	ET ADDRE	ss					
TV-ST-ZIP	DUNEDIN FL 34698				14 CITY-ST-ZIP						
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	NARINE, MICHAEL			2.2 NAME		1 81	ARINE MICHAEL	_	•		
- TREET ADDRÉSS.	4444 COMMEDOE WAY CHITE 400				2.3 STREET ADDRESS		HI COMMERCE WAY, SUIT	e unn			
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ST-ZIP		State and a contract of		6.4 CITY-		tod in Sh	seline 110 07/2/6) Floride Contract 11 d	an and to the	<u> </u>	Complian	
4. I hereby c indicated officer or o	on this annual report or supplement	al annual report is eiver or trustee ç	s true and accur mpowered to ex	rate and the recute this	at my s report a	ignature s as require	ection 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if made ed by Chapter 607, Florida Statutes; and the	e under oath;	; that I	am an	