

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000073622 (1)**

1. Corporation Name

**MERITAGE PROPERTIES, INC.**



Principal Place of Business

**2600 DOUGLAS ROAD  
900  
CORAL GABLES FL 33134  
US**

Mailing Address

**2600 DOUGLAS ROAD  
SUITE 900  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

2a. Mailing Address

21 **40 Pearl St., N.W.**

26 **40 Pearl St., N.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #430**

27 **Suite #430**

City & State

City & State

23 **Grand Rapids, MI**

28 **Grand Rapids, MI**

Zip

Zip

Country

Country

24 **4 9 5 0 3**

25 **U.S.A.**

29 **4 9 5 0 3**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**CORPCO, INC.  
2699 S. BAYSHORE DRIVE  
STE. 700  
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose 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

Signature, typed or printed name of registered agent, and then applicable

(Name of Registered Agent Signature Required When Registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SCHERMER, ROBERT E JR**

STREET ADDRESS **2600 DOUGLAS RD**

CITY-STATE-ZIP **CORAL GABLES FL**

TITLE **S** ☐ DELETE

NAME **HEWETT, CHRISTOPHER B**

STREET ADDRESS **2600 DOUGLAS ROAD**

CITY-STATE-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

**40 Pearl Street, N.W., Suite #430  
Grand Rapids, MI 49503**

2.11 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

**40 Pearl Street, N.W., Suite #430  
Grand Rapids, MI 49503**

3.11 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.11 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.11 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.11 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

616/776-2600

Daytime Phone #

CR2E034 (12/95)