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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000073622 (1)**

1. Corporation Name
MERITAGE PROPERTIES, INC.

Principal Place of Business
40 PEARL STREET NW
SUITE 430
GRAND RAPIDS MI 49503
US

Mailing Address
40 PEARL STREET N.W.
SUITE 430
GRAND RAPIDS MI 49503-3027
US

3. Date Incorporated or Qualified: **10/25/1993**
3a. Date of Last Report: **04/05/1996**

2. Principal Place of Business
21 40 Pearl St., NW
Suite, Apt. #, etc.
22 Suite 900
City & State
23 Grand Rapids, MI
Zip 24 49503 Country 25 USA

2a. Mailing Address
26 40 Pearl St., NW
Suite, Apt. #, etc.
27 Suite 900
City & State
28 Grand Rapids, MI
Zip 29 49503 Country 30 USA

4. FEI Number: **65-0453039** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SCHERMER, ROBERT E JR		1.2 NAME		
STREET ADDRESS	40 PEARL STREET NW SUITE 430		1.3 STREET ADDRESS	40 Pearl Street, N.W., Suite 900	
CITY-ST-ZIP	GRAND RAPIDS FL		1.4 CITY-ST-ZIP	Grand Rapids, Michigan 49503	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HEWETT, CHRISTOPHER B		2.2 NAME		
STREET ADDRESS	40 PEARL STREET NW SUITE 430		2.3 STREET ADDRESS	40 Pearl Street, N.W., Suite 900	
CITY-ST-ZIP	GRAND RAPIDS MI		2.4 CITY-ST-ZIP	Grand Rapids, Michigan 49503	
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		
TITLE		☐ DELETE	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			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ CHRISTOPHER B HEWETT 1/ /97 (616)776-2600