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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 23 1997 8:00am

Secretary of State

DOCUMENT # P94000012205 (8)

MERGER & ACQUISITION MANAGEMENT, INC.

Principal Place of Business Mailing Address		Mailing Address		I AND LINE TIN FALLE BRILL BRILL BRILL BRILL	Maidi sinin ilnin stasi naini atsi lani
		201 N FRANKLIN STREET			
BUITE 2350	•	SUITE 2350			
TAMBA FL 330	802	TAMPA FL 33602-5814 U8	**	3. Date Incorporated or Qualified	3a. Date of Last Report
-				02/09/1994	02/08/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	SOUTH HYDE PARK	26 P.O. BOX	3438	59-3226237	Not Applicable
Suite, Apt.	#, etc. TE 360	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SV (City & State		6. Election Campaign Financing	
23 TAM	1PA FL	28 TAMPA, F	- <u>L</u>	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	33606 Country U.S.A.	29 33601-3438 30	Country	8. This corporation has liability for in	
24 OCL	9. Name and Address of Current	1541		Florida Statutes 10. Name and Address of New Rec	Yes No
140		nagistalea Agailt	81 Name		
MORGAN, CYFIL C JR.				CYRIL C. MORGA	
SUITE 2350				ddress (P.O. Box Number is Not Acceptable A DAIATIC AVE	e)
TAMPA FL 33602				o projetitie nice	
l ran	111 X (E 0000E		84 City		I Zin Code
			TAI	MPA	FL 85 33606
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named c	orporation submits this statement for the progration's board of directors. Thereby accept	urpose 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 fightlightly and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE White Company is a such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fightly and accept the appointment as registered agent. The CYPLL C. MORGAN, J.N. PRESCONT 4/1797					
SIGNATURE	Signature, lyped or printed name of expisteron accord	and title if applicable (NOTE: R	costered Agent signature in	ASS (DSN) Aquired when reinstating)	17/17 / DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	MORGAN, JR. C C		1.2 NAME	4	
STREET ADDRESS	201 N FRANKLIN STREET, STE	2350	1.3 STREET ADDRESS	128 ADMATIC AVE TAMPA, FL 3360	,
CITY-ST-ZIP	TAMPA FL	·····	1.4 CITY-S1-ZIP	TAMPA, FL 3360	
TITLE		☐ DEFELE	2.1 TOTALE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - S1 - ZIP		Change Addition
TITLE		☐ DELETE	3.1 THLE		
NAME expect appointed			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	4.1 TITLE		Change Addition
NAME		- -	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHTY-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		The Table
TITLE		DELETE	6.1 TITLE		Change Addition
NAME					
STREET ADDRESS	† ·		6.2 NAME 6.3 STREET ADDRESS	•	

14. I do hereby certify that the information supplied with this filling 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