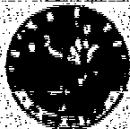


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000032885 (3)

1. Corporation Name

MER OF THE PALM BEACHES, INC.

Principal Place of Business

**223 PERUVIAN AVE
PALM BEACH FL 33480**

Mailing Address

**223 PERUVIAN AVE
PALM BEACH FL 33480**

**APPROVED
AND
FILED**

95 APR 18 PM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0491371

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. 190.002,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BROBERG, PETER S
223 PERUVIAN AVE
PALM BEACH FL 33480**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **ELIAS, WILLIAM**
STREET ADDRESS **581 N LAKE WAY**
CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **DVS**
NAME **MCCANN, FRANK J**
STREET ADDRESS **217 BAHAMA LN**
CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **DT**
NAME **RAFFO, RICHARD A**
STREET ADDRESS **173 E INLET DR**
CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **D**
NAME **ELIAS, PAULINE**
STREET ADDRESS **581 N LAKE WAY**
CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE **D**
NAME **MCCANN, JAMES L**
STREET ADDRESS **333 PERUVIAN AVE**
CITY - ST - ZIP **PALM BEACH FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **145 Seaspray Avenue**
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **145 Seaspray Avenue**
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1995

Date

407-655-9393

Daytime Phone