

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 405 SEASPRAY AVE

26 405 SEASPRAY AVE

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 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROBERG, PETER S
223 PERUVIAN AVE
PALM BEACH FL 33480

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
STREET ADDRESS ELIAS, WILLIAM
CITY-ST-ZIP 145 SEASPRAY AVE
PALM BEACH FL

1 1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

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

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D
STREET ADDRESS ELIAS, PAULINE
CITY-ST-ZIP 145 SEASPRAY AVE
PALM BEACH FL

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

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

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996 (407) 655-9393

Date

Daytime Phone #

CR2E034 (12/95)