FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



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Mar 04 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000048422 (7)

MERRITT PROMOTION DEVELOPMENT GROUP, INC.

| Principal Plac | a of Dunings | | | | | | | | | | | | | |
|---|------------------|--------------------|----------------------|--|------------------------|-------------------------------|-------------------------------|--------|--------------------|---|---|-------------|---------------------------------------|---|
| Principal Place of Business Mailing Address | | | | | | | | | | | | | | • |
| 307 W. VENICE AVE. SUITE'B | | | | P.O. BOX 157 | | | | | İ | | | | | |
| VENICE FL 34285 | | | | VENICE FL 34284-0157 US | | | | | i | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | | | 3. | Date Incorporated or Qualified | | | |
| | | | | . | | | | | | | 06/24/1994 | | | |
| 2. Principal P | tace of Busin | 1055 | | h1 | Mailing Address | | | | | 4. | FEI Number | | A | pplied For |
| 21 | W | | | 26 | | | | | | | <u>06-1168593</u> | | | ot Applicable |
| Suite, Apt. #, etc. | | | | | Suite, Apt. #, etc. | | | | | 5. | Certificate of Status Desired | | | Additional equired |
| City & State | e | | | City & State | | | | | | _ | Fig. 4: Oi Figi | | · · · · · · · · · · · · · · · · · · · | - 7 |
| 23 | | | | | 28 | | | | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip Country | | | | Zip Country | | | | | | This corporation owes or has pa | | | | |
| 24 | 25 | | | 29 | 9 30 | | | | | Personal Property Tax due June 30. Yes No | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | | 10. | | | 10. | Name and Address of New Re | glaterec | J Agent | |
| YAI | RABEK, JO | HN A | | | | | 81 | ۱ [| Name | | | | | |
| 307 | | | 82 Street Addres | | | ss (P. | O. Box Number Is Not Acceptab | le) | | | | | | |
| SUITE B | | | | | | | | | ··- | , | | | | |
| VE | NICE FL 34 | 285 | | | | | 83 | | | | | | | |
| • | | | | | | | 84 | 1 | City | | | | 85 Zip | Code |
| 44 Pureuppt | to the provin | one of Castic | nn 607 0502 n | nd 61 | 07 1500 Florida Protes | ton the | 2 2 2 2 2 | | amad sarnar | etion. | n automita this statement for the | Fl | <u> </u> | An annalatanaa |
| office or re | egistered ag | ent, or both. | in the State of | n submits this statement for the p loard of directors. I hereby accep | urpose of the ap | or changing i pointment as | ns registered s registered | | | | | | | |
| I | m familiar wi | th, and acce | pt the obligation | ons of | , Section 607.0505, FI | orida S | Statute | \$. | | | | | | |
| SIGNATURE | Signature, typed | or printed name of | f registered agent a | nd tile | d applicable (NO) | TF: Regis | tered An | ent e | signature required | when | reinsteling) | DATE | | |
| 12. | | | FICERS AND L | | | | 3. | | | | ADDITIONS/CHANGES TO OFFIC | | ID DIRECTO | RS IN 12 |
| TITLE | D | | | | DELETE | 1.7 | 1 TITLE | | | | | | ☐ Change | Addition |
| NAME | YARABE | K, JOHN A | | | | 17 | 2 NAME | | | | | | | |
| STREET ADDRESS | | ÆNICE AVE | ., suite b | B 1.3 S | | | 3 STREET | T ADI | DRESS | | | | | |
| CITY-ST-ZIP | VENICE | FL | | | | 1, | 4 CITY-S | ST-Z | !IP | | | | | |
| TITLE | | | | | ☐ DELETE | 2. | .1 TITLE | | | | | , | Change | Addition |
| NAME | | | | | | 2.3 | .2 NAME | | | | | 1. | | |
| STREET ADDRESS | | | | | | 2. | 3 STREET | (ADI | DRESS | | | | | |
| CITY-ST-ZIP | | | · · | | T or rec | | 4 CITY | ST-Z | ZIP | | | | C Obarres | A delister |
| TITLE | | | | | ☐ DELETE | | 1 TITLE | | | | ik. | ** | ☐ Change | Addition |
| NAME CTOSCS ADDRESS | | | | | | | 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | 3 STREET | | | | | | | · . [|
| CITY-ST-ZIP TITLE | | | | ——- | DELETE | | 4 CITY- | 51-7 | CIP . | | | | Change | Addition |
| NAME | | | | | <u></u> | | 2 NAME | | | | | | Ondingo | , radition |
| STREET ADDRESS | | | | | | | .3 STREET | | ngree | | | | | |
| CITY-ST-ZIP | | | | | | | .a SINECI .4 CITY - S | – . | | | | | | |
| TITLE | | | | | DELETE | _ | .1 TITLE | -1 - L | - | | | | Change | Addition |
| NAME | | | | | | 5. | 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | 3 STREET | r ade | DRESS | | | | | |
| CITY-ST-ZWP | | | | | | | 4 CITY-S | | | | | | | |
| TITLE | | | | | DELETE | | 1 TITLE | | | | | | ☐ Change | Addition |
| NAME | | | | | | 6.2 | 2 NAME | | | | | | - | |
| l l | | | | | | 1. | | | | | | | | 1 |

14. I 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 13 if chapged, ogon an attachment with an address.