May 24, 1999 8:00 am Secretary of State

05-24-1999 90014 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048422

MERRITT	PROMOTION DEVELOPM	ENT GROUP, INC.						
Principal Place	of Rusiness	Mailing Address			-{	LOT MANAT MAYOR BY	OOA KUAN UKUL	0 41010 1404 1001
307 W. VENICE AVE. P.O. BOX 157								
SUITE B VENICE AVE. F.O. BOX 137								
VENICE FL 34285 US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/24/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number		A	pplied For
21		26	_		06-1168593		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22	-		<u></u>		5. Certificate of Status Desired		Fee R	equired
City & State	e	City & State			6. Election Campaign Financing	П		May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre			F7.
24	25		10		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered A	gent	
VAD	ADEN IOUN A		81 Na	ame				
YARABEK, JOHN A			82 St	reet Addre	ss (P.O. Box Number is Not Accepta	ible)		
307 W. VENICE AVE.								
SUITE B			83					:
VENICE FL 34285			84 Ci	tv			85 Zip	Code
			-	-		FL_	1 1 1	
dd Directions		02 and 607 1509 Florida Statutos	the above-nar	med corno	ration submits this statement for the	ouroose of C	nanging its	s reaisterea
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State myaniliar with, and accept the obliging the state of the obliging state of the	10th 1. TARABEL	s, the above-nathorized by the data Statutes. Registered Agent sign:			DATE		
ľ	Signa free year or printed name of registered ago	ent and title if applicable (NOTE: F			3125	DATE	D DIRECT	ORS IN 12
SIGNATURE	Signature of registered age OFFICERS A	ent and title if applicable (NOTE: F	Registered Agent sign		when reinstating)	DATE		
SIGNATURE	Sighal Propyped or printed name of registered agit OFFICERS AI D YARABEK, JOHN A	ent and title if applicabile NOTE: F	Registered Agent sign:		when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature of registered age OFFICERS A	ent and title if applicabile NOTE: F	13.	ature required	when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Sighal Propyped or printed name of registered agit OFFICERS AI D YARABEK, JOHN A	ent and title if applicabile NOTE: F	13. 1.1 TITLE 1.2 NAME	ature required	when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND A SOT W VENICE AVE., SUITE B	ent and title if applicabile NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI	ature required	when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND A SOT W VENICE AVE., SUITE B	ent and title if applicable (NOTE: F) ND DIRECTORS DELETE	Registered Agent signs 13. 1.1 TITLE 12 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP	ature required	when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND A SOT W VENICE AVE., SUITE B	ent and title if applicable (NOTE: F) ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP 2.1 TITLE	ature required	when reinstating)	DATE	DIRECTO	ORS IN 12
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CITY-ST-ZIP 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

☐ Addition