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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000057838**1. Corporation Name

MELRICH ENTERPRISES, INC.

Principal Plac	e of Business	Ma	iling Address								
4684 N.W. 103	AVE.	4684	4 N.W. 103 AVE.								
SUNRISE FL 33	3351	SUN	NRISE FL 33351								
								DO NOT WRI		SPACE	
	• •						1	Date Incorporated or Qualifed			
							_	08/04/1994			
2. Principal P	Place of Business	2a.	Mailing Address				4.	FEI Number			Applied For
21		26						65-0509605			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			•	-	Continues of Status Desired		\$8.7	Additional
22	•	27					5.	Certifcate of Status Desired		Fee	Required
City & Stat	te .		City & State				6.	Election Campaign Financing		\$5.0	0 May Be
23		28					-	Trust Fund Contribution			d to Fees
Zip	Country		Zip	Coun	ıtry		R	This corporation owes the curr	rent vear In	tangible	
24	25	29		30			"	Personal Property Tax.	,	Yes	□No
1	9. Name and Address		ered Agent	1			10.	Name and Address of New I	Realstered	Agent	
		18. 18. 24. 14. 18	1 - 2:		81	Name					
HER	ZFELD, RICHARD			L							
	NW 103 AVE	e.		-	82	Street Addres	ss (P	O. Box Number is Not Accepta	able)	٠.	
	RISE FL 33351			-	83			」 (# 1 人)	اه در ده در خورده در از در	33500 + 4 24 51 C	1445 (144) (15) (144)
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11. Pursuant	to the provisions of Section	is 607.0502 and 60	7.1508, Florida Statu	tes, the ab	ove-	named corpor	ration	submits this statement for the	purpose of	changing	its registered -
office or r		the State of Florida	a. Such change was	autnorized	by th	ne corporation	'S DO	pard of directors. I hereby accep	pt the appo	intment as	registerea
	registered agent, or both, in im familiar with, and accept	the obligations of.	Section 607.0505. Fl-	oriua Statut	tés.						
, ,	registered agent, or both, in im familiar with, and accept	the obligations of,	Section 607.0505, FI	orida Statut	tes.						
SIGNATURE	egistered agent, or both, in familiar with, and accept	J .	•	•	tes.	signature required w	when re	einstating), · · · · · ·	DATE		
, ,	m familiar with, and accept	J .	applicable. (NOT	•	tes.	signature required w		einstating),		ND DIREC	TORS IN 12
SIGNATURE	m familiar with, and accept	registered agent and title if	applicable. (NOT	E: Registered A	tes.	signature required w		ADDITIONS/CHANGES TO OF		ND DIREC	
SIGNATURE 12. TITLE	Signature, typed or printed name of r OFF	registered agent and title if	applicable. (NOT	E: Registered A	tes.	signature required w					
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of r OFF PD HERZFELD, RICHARD	registered agent and title if	applicable. (NOT	E: Registered A 13. 1.1 TITL 1.2 NAN	Agents			ADDITIONS/CHANGES TO OF			
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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.

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90004 049 ***150.00