

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000068603 (7)**

1. Corporation Name

MERIT AUTO BROKERS, INC.



Principal Place of Business

**927 N ANDREWS AVE
FT LAUDERDALE FL 33311
US**

Mailing Address

**927 N ANDREWS AVE
FT LAUDERDALE FL 33311
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/19/1994

3a. Date of Last Report

03/10/1995

4. FEI Number

59-3271727

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

**COBB, ROBERT E
4530 NORTH FEDERAL HWY.
FORT LAUDERDALE FL 33308**

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 of the person named as registered agent and not a director

(Print Name of Registered Agent, signatory, and date when filed)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **DPVS** ☐ DELETE
NAME **MCLAUGHLIN, KENNETH**
STREET ADDRESS **10541 N.W. 17TH ST.**
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE **T** ☐ DELETE
NAME **MCLAUGHLIN, KENNETH**
STREET ADDRESS **10541 N.W. 17TH ST.**
CITY-STATE-ZIP **PLANTATION FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP

**2759 OAK TREE LANE
FT LAUD FL 33309**

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

**2759 OAK TREE LANE
FT LAUD FL 33309**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 119.073(4), 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 as an attachment with an address.

SIGNATURE:

Kenneth McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-462-1237
Telephone Number

CR2E034 (12/95)