

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000068603**

Corporation Name

MERIT AUTO BROKERS, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90001 003 ***550.00



Principal Place of Business

808 NW 10 TERR
FT LAUDERDALE, FL 33311

Mailing Address

808 NW 10TH TERR
FT LAUDERDALE FL 33311
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business

744-C NORTH AVENUE
SUITE, APT. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33311

Country

25 **BROWARD**

City & State

FLORIDA

Zip

29

Country

30

3. Date Incorporated or Qualified

09/19/1994

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 owes the current year
Intangible Personal Property.

☐ 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

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ADDRESS **DPVS** ☐ DELETE
MCLAUGHLIN, KENNETH
3671 NW 32 AVE
ST-ZIP **FORT LAUDERDALE FL 33309**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

ST ADDRESS **T** ☐ DELETE
MCLAUGHLIN, KENNETH
3671 NW 32 AVE
ST-ZIP **FT LAUDERDALE FL 33309**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

ST ADDRESS **3410 NW 32 AVE** ☐ DELETE
ST-ZIP **FT LAUD FL 33309**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

ST ADDRESS ☐ DELETE
ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T ADDRESS ☐ DELETE
T-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

T ADDRESS ☐ DELETE
T-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-99 954-295-8470

Date

Daytime Phone #

CR2E034 (5/99)

0063831