SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
'95 JUL 14 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000073653 (5)**

1. Corporation Name

MERIT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~C/O DR. TROY PRINCE~~ ~~750 S. MILITARY TRAIL~~ ~~WEST PALM BEACH FL 33411~~	~~C/O DR. TROY PRINCE~~ ~~750 S. MILITARY TRAIL~~ ~~WEST PALM BEACH FL 33411~~

DO NOT WRITE IN THIS SPACE.

C/O WAGNER, P.A.

2. Principal Place of Business
21: 1601 Forum Place
22 Suite, Apt. #, etc.: SUITE #300
23 City & State: W.P.B.
24 Zip: 33401
25 Country:

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:

4. FEI Number: 65-0536747 ☐ 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

~~PRINCE, TROY DR.~~
~~C/O DR. TROY PRINCE~~
~~750 S. MILITARY TRAIL~~
~~WEST PALM BEACH FL 33411~~

10. Name and Address of New Registered Agent

01 Name: H. THOMAS WAGNER, JR.
02 Street Address (P.O. Box Number is Not Acceptable): 1601 FORUM PLACE
03: SUITE 300
04 City: W.P.B. FL 05 Zip Code: 33401

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	PRINCE, TROY	12 NAME		
STREET ADDRESS	750 S. MILITARY TRAIL	13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411	14 CITY-ST-ZIP		
TITLE	DTS	21 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, SHAWN	22 NAME		
STREET ADDRESS	750 MILITARY TRAIL	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 119.07(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 added to the report.

SIGNATURE: _____ 6/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #

0093244 CP