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PROFIT CORPORATION ANNUAL REPORT

1996



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

SIGNATURE:

P94000078658 (9)

DOCUMENT #	F9400007
MERLCO, INC.	
WELLEON, 1140.	

Principal Place of Business Mailing Address 14828 ROLLING ROCK PL P.O. BOX 16862 WELLINGTON FL 33414 WEST PALM BEACH FL 33416 US					3. Date incorporated or Qualified 3a. Date of Last Report 04/17/1995				
						 Date Incorporated or Qualified 10/26/1994 	Sa. Date)4/17/	1995
2. Principal Pl	ace of Business	2a. Mailing A	Address			4. FET Number 65-0529838			Applied For Not Applicable
Suite, Apt.	#, etc.	<u>├</u>	ot.#, etc.			5. Certificate of Status Desired	——	\$8.7	5 Additional
22 City & State)	27 City 8 Si	talo				Ŋ		Required
23		28	trift.			6. Election Campaign Financing Trust Fund Contribution			00 May Be
Zip	Country	Zip	•	Country		8. This corporation has liability for	intangible ta		ed to Fees s 199.032.
24	25 9. Name and Address of Current (29 Registered Am		30			s 🔀 No		
105 S. SUITE WEST	PALM BEACH FL 33414 of the provisions of Sections 607,0502 and appent, or both in the State of Florida.	nd 607, 1508, Fil Such change v	orida Statute vas authorize	81 82 83 84 es, the above-red by the corp	Street Add	Iress (P.O. Box Number is Not Accepta ration submits this statement for the pure	FL		registered office
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	, 001 10000, 1101	30 0(000.03				oranien as i	eg-steret	Jagent Lam
12.	Signature, typed or printed name of registered agent and OFFICERS AND [(NC	II : Rogodelect Agor	Estimatore respons		CATE	· · · ·	
TiTLE			DELETE	1 1 TIFLE		ADDITIONS/CHANGES TO OFF		DIRECTO Onange	
NAME STREET ADDRESS CHY-ST-ZIP	STOCKDILL, ROME N 14828 ROLLING ROCK PLACE WELLINGTON FL 33414			1.2 NAME 1.3 STREET 1.4 CITY - S			L	Change	☐ Add tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOCKDILL, BETSY L 14828 ROLLING ROCK PLACE WELLINGTON FL 33414	_	DELF1(2 1 TILLE 22 NAME 23 STREET 24 CHY-S				Change	Addition
TITLE NAME			DECETE	3 1 TITLE 32 NAME	- 211			Change	Addition
STREET ADORESS CHY-ST-ZIP TITLE)EĹETE	33 STREFT 34 CITY - ST 4 1 TTLE		- · · · · · · · · · · · · · · · · · · ·	-···	Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP				4.2 NAME 4.3 STHEET A 4.4 CDY-SE				·	
HAME STREET ADDRESS			PELETE	5 1 T TLE 5 2 NAME				Change	☐ Addition
CITY-SI-ZIP			ELEJE	5.3 STREET A 5.4 CHTY - ST 6.1 THLE				Change	☐ Addit on
STREET ADDRESS				6.2 NAME 6.3 STHEFF A	DORESS		LJ	onungo	FT Vogit au
CITY-ST-ZIP 14. I do hereby certify that the oath; that I a appears in E	certify that the information supplied with the information indicated on this annual re arm an officer or director of the corporatio Block 12 or Block 16 (Dayloged, or on a	this filing is volue eport or suppler on or the receive n attachident wi	intarily furnis mental annua or or trustee th an addres	64 CITY-SE hed and does at report is true en nowered to	not qualify fo	or the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flo)7(3)(k), Florid same legal eff rida Statutes	a Statute ect as if and tha	as. I further made under it my name

Drusy 18, 1996 (407) 640-5900