

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000023970 (3)**

1. Corporation Name
1996 MERTENS CORPORATION



Principal Place of Business: **97801 OVERSEAS HIGHWAY KEY LARGO FL 33037**
Mailing Address: **97801 OVERSEAS HIGHWAY KEY LARGO FL 33037**

3. Date Incorporated or Qualified: **03/23/1995** 3a. Date of Last Report

2. Principal Place of Business
21: **21** 22: **22** 23: **23** 24: **24**
2a. Mailing Address
26: **P.O.B 1376** 27: **27** 28: **Key Largo FL** 29: **33037** 30: **Monroe**

4. FEI Number: **65-0568256** 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

**MERTENS, EDWARD J II
97801 OVERSEAS HIGHWAY
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	EDWARD J. MERTENS	
STREET ADDRESS	P.O. BOX 1376 60 Bahama Ave	
CITY - ST - ZIP	KEY LARGO, FL 33037	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	EDWARD J. MERTENS	
STREET ADDRESS	P.O. BOX 1376	
CITY - ST - ZIP	KEY LARGO, FL 33037	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD J. MERTENS	
1.3 STREET ADDRESS	P. O. BOX 1376 60 Bahama Ave	
1.4 CITY - ST - ZIP	KEY LARGO, FL 33037	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	300001002043	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/30/96--01108--040	
5.3 STREET ADDRESS	***200.00	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 119.07(3)(k), 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: Edward Mertens Date: 3/11/96 Time Phone: 305-453-3632

CR2E034 (12/95)