

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059755 (5)

1. Corporation Name:

MERCHANDISERS UNLIMITED II, INC.



Principal Place of Business

Mailing Address

1919 BEACHWAY RD 5C AND 5D
JACKSONVILLE FL 32207

1919 BEACHWAY RD 5C AND 5D
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21 2050 ART MUSEUM DR
Suite, Apt #, etc

26 2050 ART MUSEUM DR
Suite, Apt #, etc

22 16

27 16

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

24 32207

Country US

29 32207

Country US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report

4. FEI Number
5-9-332-8607

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

10. Name and Address of New Registered Agent

STRICKLAND, JAMES A
1919 BEACHWAY RD 5C AND 5D
JACKSONVILLE FL 32207

Same AS
Above
Address

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 officer or printed name of registered agent and chief officer

(NOTE: Registered Agent's Signature required when re-registering)

DATE

6-17-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME STRICKLAND, JAMES A
STREET ADDRESS 1919 BEACHWAY RD 5C AND 5D
CITY-ST-ZIP JACKSONVILLE FL 32207

Same AS
Above
Address

TITLE D
NAME WIKES, RONALD E
STREET ADDRESS 5445 MARINER ST SUITE 109
CITY-ST-ZIP TAMPA FL 33609-3437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

600001894136
-07/16/96--01042--001
***225.00

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 617, 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

6-17-96

904-346-0962

CR2E034 (3/96)