

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000067066 (7)

1. Corporation Name

MERKO ASSOCIATES, INC.



Principal Place of Business

10079 45TH WAY SOUTH
BOYNTON BEACH FL 33436

Mailing Address

10079 45TH WAY SOUTH
BOYNTON BEACH FL 33436

2. Principal Place of Business

21 205 WORTH AVE.

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 PALM BEACH, FLORIDA

Zip

24 33480

Country

25 WA

2a. Mailing Address

26 205 WORTH AVE.

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 PALM BEACH, FLORIDA

Zip

29 33480

Country

30 USA

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

FIRST REPORT

4. FEI Number

65-0609520

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

MOYNIHAN, ROBERT
10079 45TH WAY SOUTH
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name ROBERT E. MOYNIHAN

82 Street Address (P.O. Box Number is Not Acceptable)

100 WORTH AVE. (APT 606)

83

84 City PALM BEACH

FL

85

Zip Code 33480

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

N/A

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE D

NAME MOYNIHAN, ROBERT

STREET ADDRESS 10079 45TH WAY SOUTH
BOYNTON BEACH FL 33436

1.2 TITLE D

NAME MOYNIHAN, KATHERINE

STREET ADDRESS 10079 45TH WAY SOUTH
BOYNTON BEACH FL 33436

1.3 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

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 P, D

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE T, D

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

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: ROBERT E. MOYNIHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

407-820-8182

Daytime Phone #

CR2E034 (12/95)