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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000079156 (2)

	MERRILL GROUP, INC.				FANN SANN NOON NAMED ANN AND AND AND
Principal Place	of Business	Mailing Address		- SERNINDS AND KOYAL BANK ONNEY DEVIL I	FAIRE ORNIC (COST LINE) (FDE) BIVIE ENI VE
		4650 FULTON ROA JACKSONVILLE FL			
2. Principal Pl	age of Business	2a. Mailing Address		3. Date Incorporated or Qualified 3 10/11/1995 4. FEI Number	3a. Date of Last Report
21 9951 Atlantic Blud 26 9951 K			Hantic Blvd	59-3344762	Applied For
Suite, Apr. #. etc. 22 Suite 129 27 Suite, Apr. #. etc. 27 Suite, Apr. #. etc.		19	5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
City & State 23 Jack Zip	sonville, FL	City & State 28 Jacksonvil	Y	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 322	25 Country 25 DUVA 9. Name and Address of Curren	29 32225 Registered Agent	30 Dral	8. This corporation has liability for intar Florida Statutes Yes X	I No
			81 Name	10. Name and Address of New Regis	stered Agent
1515 I	er, W. Robinson Riverside ave., Ste. A Sonville fl 32204		82 Street Addr 83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zy Code
11. Pursuant to or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statute	es, the above named corpor	ration submits this statement for the purpose	FL
familiar wit		on COT OFFEE STATE OF THE	ed by the corboration a field	rd or directors. Thereby accept the appointm	nent as registered agont Low
SIGNATURE		on 607.0505, Florida Statutes	ed by the corporation's poar i.	rd or directors. Thereby accept the appointm	nent as registered agent, I am
SIGNATURE _	Signature, typed or print dinarie of regulered alies i	on 607.0505, Florida Statutes ad the Pagisland invo	ME Registered Agent signature resures.	o allectors. Thereby accept the appointm	nent as registered agent. I am
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SIGNATURE: X MIT V MITTER NAME OF SIGNING OFFICER OF DIRECTOR

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