FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name P95000079483 (0)

MERJER GIFTS INC.

Principal Place of Business 49460 LANC ACRES LANE

Mailing Address

17122 LONG ACRES LANE

FILED May 15 1997 8:00am Secretary of State



ODESSA FL 33556	ANE	ODESSA FL 33556-1869				
US		US		3. Date Incorporated or Qualified 10/16/1995	3a. Date of La	
2. Principal Place of	Business // a	2a. Mailing Address	· h 0	4. FEI Number		Applied For
21 1556 Pm	tricia Ave	26 1556 Patric	in AUC	59-3340186		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	[] T	75 Additional e Required
City & State 23 Dune in	FL	City & State Sin F	~	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
34698	Country S A	29 34698 3	CUSA	This corporation has liability for in Florida Statutes	otangible tax und Yes ☐ No	der s. 199.032,
9. (Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	platered Agent	
ELLIS, SC 13009 LO 17122 LO ODESSA	RNA PL. NG ACRES LANE		81 Name 82 Street Ac 83 Street Ac	Michael Robriguez sdrass (P.B. Box Number is No. Acceptable 56 Postricia Ave	85	Zio Code 😘
		02 and 607.1508, Florida Statutes e of Florida. Such change was aut pations of, Section 607.0505, Flori Tuchnel E. Rudinyce	the above-named chorized by the corporal Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changes the appointment	ing its registered at as registered
SIGNATURE Signatur	e, typed or printed name or registered ag		Registered Agent signature re	·	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE PD		DELETE	1.1 TITLE	rp	☐ Cha	ange Addition
	IS, SONIA	_	1.2 NAME	RODRTGUEZ MICH	9EL	
	22 LONG ACRES LANE		1.3 STREET ADDRESS	1556 PATRILTA AVE		
00	ESSA FL		1.4 CITY-ST-ZIP	ROORIGUEZ, MICHA 1856 PATRICIA AVE DUNBOIN, FL 3427	i X	
TITLE UD	LVVIII	DELETE	21 TITLE	7,5	Cha	ange Addition
			2.2 NAME			-
NAME			2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP			
CHY-S1-ZIP THLE		DELETE	3.1 TITLE		Cha	ange Addition
i			3.2 NAME		. —	
NAME			3.3 STREET ADORESS			
STREET ADDRESS						
CHY-S1-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Cha	ange Addition
TITLE		vect	4. 2 NAME			-
NAME						
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-SI-ZIP		T britte	4.4 CATY-ST-ZAP		Ch	ange Addition
111LE		☐ DELETE	5.1 TITLE		ال ال	mile ("T vonikon
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP		——————————————————————————————————————	
TITLE		☐ DELETE	6.1 TITLE		☐ Ch	ange Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
C01Y - \$1 - 71F			6.4 CITY-ST-ZIP			
14. I do hereby cer	tify that the information suppli	ed with this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	s. 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: