

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000094552 (3)**

1. Corporation Name

DREAM MERCHANTS, INC.



Principal Place of Business

Mailing Address

**402 LAKE DORA DR.
MOUNT DORA FL 32757**

**402 LAKE DORA DR.
MOUNT DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1995

3a. Date of Last Report

03/29/1996

4. FEI Number

59-3355227

Applied For

Not Applicable

2. Principal Place of Business

327 N. GRANDVIEW ST.

Suite, Apt. #, etc.

22

City & State

MT. DORA, FL

Zip

32757

Country

LAKE

24

City & State

MT. DORA, FL

Zip

32757

Country

LAKE

25

City & State

MT. DORA, FL

Zip

32757

Country

LAKE

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City & State

MT. DORA, FL

Zip

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Country

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City & State

MT. DORA, FL

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City & State

MT. DORA, FL

Zip

32757

Country

LAKE

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City & State

MT. DORA, FL

Zip

32757

Country

LAKE

g. Name and Address of Current Registered Agent

**MEISBERGER, LOWELL G
402 LAKE DORA DR.
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name

MEISBERGER LOWELL G.

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

327 N. GRANDVIEW ST

83

84 City

MT. DORA

FL

85 Zip Code

32757

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MEISBERGER, LOWELL G**

STREET ADDRESS **402 LAKE DORA DR.**

CITY - ST - ZIP **MOUNT DORA FL 32757**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **MEISBERGER, LOWELL G**

1.3 STREET ADDRESS **327 N. GRANDVIEW ST**

1.4 CITY - ST - ZIP **MT. DORA, FL 32757**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 

CR2E034 (4/97)