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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600001633

1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90207 010 ***150.00

	nt Buyers assoc. Of an	MERICA, INC.						
Principal Place	of Business	Mailing Address	_			- 1 INUINBU IIN INIE NIUE COLLE	f Barri darii daidi şirid dei	AR Chida um sant
205 BASE AVE 205 BASE AVE								
VENICE FL 34285 VENICE FL 34285						DO NOT INDIT	E IN THE SEASE	
							E IN THIS SPACE	
						3. Date Incorporated or Qualifed		
		T 6 44-11 444				01/02/1996 4. FEI Number		Applied For
⊢ `	ace of Business	2a. Mailing Address				65-0694763	·	ot Applicable
21		Suite, Apt. #, etc.				05-0094703		Additional
Suite, Apt. a	#, etc.	<u> </u>				5. Certificate of Status Desired	1 1	Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
		⊢ , ′				Trust Fund Contribution		to Fees
Zip	Country	28 Zip	Cou	ntry		8. This corporation owes the curre		
24	25	29	30			Personal Property Tax.	Yes	□No
[24]	9. Name and Address of Current		1001			10. Name and Address of New Re	egistered Agent	
				81 N	Name	-		
Buri	nham, donald r			20 6		on (D.O. Bay Number in Not Acceptal	lo)	
451	MORNINGSIDE ROAD			82 S	Street Addre	ess (P.O. Box Number is Not Acceptab	ле)	l
VENI	CE FL 34293			83				
								O do
				84 0	Dity		FL 85 Zip	Code '
office or re agent. I ar	to the provisions of Sections 607.050, egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1506, Florida Statt of Florida. Such change was tions of, Section 607.0505, Fl	nes, the ar authorized orida Statt	by the	e corporation	oration submits this statement for the p n's board of directors. I hereby accept	the appointment as i	registered
SIGNATURE			- D			urban reinstating)	DATE	
	Signature, typed or printed name of registered agen	<u> </u>		Agent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		gnature required	when reinstating) ADDITIONS/CHANGES TO OFF		
12. TITLE	OFFICERS AN	<u> </u>	13.	'LE	gnature required		ICERS AND DIRECT	
12. TITLE NAME	OFFICERS AN PD BURNHAM, DONALD R	D DIRECTORS	13. 1.1 TII 1.2 NA	'LE ME			ICERS AND DIRECT	
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD BURNHAM, DONALD R 451 MORNINGSIDE ROAD	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE UME REET AD	DRESS		ICERS AND DIRECT	
12 TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD BURNHAM, DONALD R 451 MORNINGSIDE ROAD VENICE FL 34293	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF	'LE IME REET ADI	DRESS		ICERS AND DIRECT	e
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD BURNHAM, DONALD R 451 MORNINGSIDE ROAD VENICE FL 34293 VD	D DIRECTORS	13. 1.1 TR 1.2 NA 1.3 ST 1.4 CF 2.1 TR	TLE UME REET AD IY-ST-ZI	DRESS		ICERS AND DIRECT	e
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14. I 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

REASURER