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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07 1998 8:00am Secretary of State

DOCUMENT # P96000015554 (4) MERTES ENTERPRISES, INC. Principal Place of Business Mailing Address 2410 SE FEDERAL HWY 2410 SE FEDERAL HWY STTUART FL 34994 STTUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0516080 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Bo 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 26 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERNARD, EDITH 2410 SE FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) STTUART FL 34994 83 84 City Zip Code 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) (10/97)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELFTE ☐ Change Addition TiTLE 1.1 TITLE MERTES, BRIGITTE NAME 1.2 NAME CR2E034 18870 TIMBER LANE STREET ADDRESS 1.3 STREET ADDRESS FAIRVIEW PARK OH 44126 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MERTES, RICHARD NAME 2 2 NAME **18870 TIMBER LANE** 2.3 STREET ADDRESS STREET ADDRESS FAIRVIEW PARK OH 44126 C!TY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 1MLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME HAUSSER + TAYLORUB STREET ADDRESS 6.3 STREET ADDRESS ID #34-0677006 64 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filling does not qualify for the exemption state in Section 199.07(3)(1). Plong a Statutes Province certify that the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with this filling does not qualify for the exemption state in the information supplied with the information supplied with

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f); Florida Statutes. "I'urihor certify that the informatio indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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