**FILED** 

03-29-1999 90043 012 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000050947

1. Corporation Name

MERMER AND ASSOCIATES, INC.

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Principal Place	of Business	Mailing Address				BI BINI BUILD IDIN DE	Man com som
MERMR & ASSOC. INC 1730 S FEDERAL HWY. #398 DELRAY BEACH FL 33483		1730 S. FEDERAL HWY STE. 398 DELRAY BEACH FL 33483		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US		US			06/13/1996		}
2. Principal Pla	ace of Business	2a. Mailing Address		-	4. FEI Number	App	lied For
21		26			65-0687137	<u>-</u>	Applicable
Suite, Apt. #	¢, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> Ac Fee Req	,
		City & State			6. Election Campaign Financing	\$5.00 \	,
23		28		_	Trust Fund Contribution	Added to	Fees
Zip Country 24 . 25 2		Zip Country 30		8. This corporation owes the current year Intangible Personal Property Tax.			
571	9. Name and Address of Curren				10. Name and Address of New Registere	ed Agent	
0.5			81	Name			
	i & Suzanne Mermer S Federal Hwy		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
#398			83				_
DELR	MAY BEACH FL 33483		84	City	F	85 Zip C	ode
		10 CO7 4509 Elecide Statutes	the above	- named cou	moration submits this statement for the nurnose	of changing its r	egistered
office or re	printered agent or both in the State	of Florida, Such change was aut	inorized by	the corporal	tion's board of directors. I hereby accept the ap	pointment as reg	istered
	n familiar with, and accept the obliga	itions of, Section 607.0505, Florid	oa Statutes	•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agen	nt signature requi	ired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELETÉ	1,1 TITLE	1	•	Change	Addition
NAME	MERMER, GLEN T		1.2 NAME				
STREET ADDRESS	1730 S. FEDERAL HWY., STE.	398	1.3 STREET	TADORESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483						
TITLE	D	□ nei ete	1.4 CITY-S	T-ZIP		☐ Change	Addition
NAME	LIEBLIED OLITABLE I	☐ DELETE	2.1 TITLE	T-ZIP		☐ Change	Addition
	MERMER, SUZANNE J	_	2.1 TITLE 2.2 NAME			☐ Change	Addition
STREET ADDRESS	1730 S. FEDERAL HWY., STE.	_	2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP	•	_	2.1 TITLE 2.2 NAME	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP	1730 S. FEDERAL HWY., STE.	398	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T ADDRESS	<u></u>		<u> </u>
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	1730 S. FEDERAL HWY., STE.	398	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS			<u> </u>
CITY-ST-ZIP . TITLE NAME STREET ADDRESS CITY-ST-ZIP	1730 S. FEDERAL HWY., STE.	398	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS			<u> </u>
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP