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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055096 (7) Corporation Name
THE MERTON GROUP COMPANY

## **FILED** Mar 25 1998 8:00am Secretary of State

			MI ANN								
Principal Place of Business				Mailing Address				- 1 1881/081 11E (0110 01111 08111 00111 00111 1	40101 01101 BIIII 4		
4700 SHERIDAN ST. SUITE S 4700 SHERIDAN ST					ITE S						
HOLLYWOOD FL 33021 HOLLYWOOD FL 3302											
								DO NOT WRITE IN	THIS SPACE		
								3. Date Incorporated or Qualified 06/27/1996			
2. Principal I	Place of Busi	ness	2a. N	Aailing Address				4. FEI Number		App	ied For
21			26					65-0725889		Not a	Applicable
Suite, Apt	.#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.</b>	<b>75</b> Ad	ditional
22			27					G. Oblanda of Status Boomed	F6	e Req	ulred
City & Sta	ite		<u></u>	City & State				6. Election Campaign Financing		.00 M	lay Be
23			28					Trust Fund Contribution	Ad	ded to	Fees
Zip	Country		Z	ZipCo.		ntry		8. This corporation owes or has paid			
24		25 29 30 30 Name and Address of Current Registered Agent			30			Personal Property Tax due June 30. Yes No			
				red Agent		· ·		10. Name and Address of New Regis	stered Agent		
		othenberg,				<b>81</b> N	ame				
2424 N FEDERAL HWY, SUITE 455						82 Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431											
					ļ	83					
					ŀ	84 C	ity	<u> </u>	65	Zip Co	de
						- 1	-	w	FLII	•	Ì
11. Pursuant	to the provis	ions of Sections	. 607,0502 and 607	.1508, Florida Statut	es, the at	ove-na	med corpo	pration submits this statement for the purp on's board of directors. I hereby accept the	pose of chang	ng its i	registered
agent. La	am familiar w	ith, and accept	the obligations of, S	Section 607.0505, Fl	orida Stati	ites.	COIPOIACIC	or a board of directors. Thereby accept the	пе арронипы	IL QIS TO	Signator or
SIGNATURE											
	Signature, typer		gistered agent and litte if a	·		Agent sig	gnature required		DATE		
12.	- B	OFFIC	ERS AND DIRECT	11.1	13.			ADDITIONS/CHANGES TO OFFICER		-	
TITLE	U UET 1			☐ DELET <b>E</b>	1.1 117	LE			L. Cha	nge (	Addition
NAME	LUFT,		AUSTE A		1.2 NA	ME					
STREET ADDRESS 4700 SHERIDAN ST, SUITE S				1.3 STREET ADDRESS			RESS				ļ
CITY-ST-ZIP	HULLY	MOOD FL 330	21		1.4 011	Y-ST-ZIF	)				
TITLE	1			☐ DELETE	2.1 TIT	LE			☐ Cha	nge	Addition
NAME					2.2 NA	ME					
STREET ADDRESS	i				23 ST	IEET ADD	ress				
CITY-ST-ZIP					2 4 01	Y-ST-Z	Р				
TITLE				☐ DELETE	3.1 TIT	LE			☐ Cha	nge	Addition
NAME					3.2 NA	ME	1				
STREET ADDRESS	[				3.3 \$76	REET ADDI	RESS				
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	3.4. CI	Y-ST-ZI	Р				
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CITY-ST-ZIP					4.4 CIT	Y-ST-ZIP	)				
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NAME					5.2 NAI	<b>AE</b>					
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CITY-SY-ZIP					5.4 CIT	Y-ST-ZIP	,				
TITLE				DELETE	6.1 TiTl	£			Cha	nge	Addition
NAME					6.2 NAI	ИE					1
STREET ADDRESS					6.3 STF	EET ADDF	RESS				
CITY-ST-ZIP	<u> </u>				6.4 CIT	Y - 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 of supplemental final 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 trusted er powered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altredgment with an address.