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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000077424 (5)

MERCHANTS PROPERTIES. INC. Principal Place of Business Mailing Address 1800 S.W. 55TH STREET ROAD 1800 S.W. 55TH STREET ROAD OCALA FL 34474-5947 OCALA FL 34474 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Country 710 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name COOPER, MICHAEL J 321 NW THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34475 83 64 City Zip Code is 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the office or re agent. La SIGNATURE registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. TITLE D DELETE 1.1 TITLE Change Addition WIGGINS, DAVID J NAME 1.2 NAME 1800 S.W. 55TH STREET ROAD STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34474 1.4 CITY-ST-ZIP CHY-SI-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE BOTT, JOHN J NAME 22 NAME 108-18 QUEENS BLVD., 7TH FLOOR STREET ADDRESS 2.3 STREET ADDRESS **FOREST HILLS NY 11375** City-St-ZiP 2. 4 CITY-ST-ZIP DELETE Change Addition THE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREEL ADDRESS C(1) - S1 - 2(P 3.4. CITY-ST-ZIP □ DELETE Change Addition DILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP OIY-ST-7P DELETE Addition DITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ACDRESS 54 CITY-ST-ZIP Cuty-ST-ZP DELETE Change Addition 61 THEF TITLE NAME 6.2 NAME STREET LADORESS 63 STREET ADDRESS

4. 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 the same legal effect as if made under oath; if I am an officer or director of the conformation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida States and part for page appears in Block 13 or Florida States and part for page appears in Block 13 or Florida States and part for page appears in Block 13 or Florida States and part for page appears in Block 13 or Florida States and part for page appears in Block 13 or Florida States and part for page appears in Block 13 or Florida States and part for page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears in Block 13 or Florida States and page appears and

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**SIGNATURE** 

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**FILED** 

Mar 07 1997 8:00am

Secretary of State