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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079588

1. Corporation Name

MERITUS SECURITIES, INC.

						 11	- I SBOTION 110 10110 Dette Dette Matte Matte Anter Bater 10410 enter enter enter contract co					
Principal Place	e of Business	Mailing Address										
25-H BEACH RO	DAD	25-H BEACH ROAD				Į.						
BELVEDERE CA 94020		BELVEDERE CA 94920			DO NOT WRITE IN THIS SPACE							
US		US			3. Date Incorporated or Qualifed							
'							•	ieu				
		·			 -		/1996			Τ	Had Fas	
2. Principal Pl	lace of Business	2a. Mailing Address			ı	4. FEI Number				lied For		
21		26			65-07	65-0713036			Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifo	5. Certificate of Status Desired \$8.75 Additional Fee Required						
22		27									·	
City & State		City & State			I	n Campaign Financi	ng []			/ay Be		
23		28			und Contribution			lded to	rees			
Zip Country		Zip Coun		try		8. This corporation owes the c		current year Inta			~ % .	
24	25	29	30	<u> </u>			al Property Tax.		☐ Yes	<u> </u>	ŽΝο	
	9. Name and Address of Curren	t Registered Agent		т		10. Name	and Address of Ne	w Registered	Agent			
005	DODATION CONTONIV OF MILE	•	['	81	Name							
	PORATION COMPANY OF MIAM	H	i i	B2	Street Ac	dress (P.O. Box	Number is Not Acc	eptable)				
	S. BISCAYNE BLVD.				011000711	(, , , , , , , , , , , , , , , , , , ,						
	MIAMI CENTER		1	83								
MIAN	/II FL 33131		Ĺ						11			
:			į.	B4	City			FL	85	Zip C	ж	
44 Dureuant	to the provisions of Sections 607.050	2 and 607 1508. Etorida Stati	ites the ab	l	-named cc	rooration submi	s this statement for	the purpose of	changi	ng its	egistered	
office crn	egistered agent, or both, in the State	of Florida. Such change was	authorized	by 1	the corpora	ation's board of	lirectors. I hereby a	ccept the appoir	ıtment	as reg	stered	
agent, I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Statui	es.								
SIGNATURE	Signature, typed or printed na ne of registered agei	100 7	Comptant A		t olenature rea	red when reinstating)		DATE				
		IL) DIRECTORS	13.	gen	signature requ		INS/CHANGES TO		D DIRI	CTO	S IN 12	
TITLE	D OF TOERS AN	DELETE	1.1 TITL	 F	Tī				☐ Ch		Addition	
\		<u>.,,</u>			1	HAMLY P.	STUART			-	~	
NAME	KLINGLER, ALEXANDRA			1.2 NAME 1.3 STREET ADDRESS		.25·H	MLYN, STUART. 25. H BEACH RD.					
STREET ADDRE 3S	25-H BEACH ROAD		1			76.16	ERE, CA	94920				
CITY-ST-ZIP	BELVEDERE CA 94920		1.4 CIT		-ZIP	ISELVEN	1 <u>-</u> R-, C.			0000	Addition	
TITLE		☐ DELETE	2.1 TITL	E					□ Ch	ange	☐ Addition	
NAME			2.2 NAM	Æ.								
STREET ADDRESS			2.3 STR	EET	ADDRESS							
CITY-ST-ZIP			2. 4 CIT	Y- 5	T-ZIP							
TITLE		☐ DELETE	LETE 3.1 TITLE						Ch	ange	☐ Addition	
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CIT	Y- S1	T-ZIP							
TITLE		☐ DELETE						Ch	ange	Addition		
NAME			4. 2 NAME									
STREET ADDRESS			4 3 STREET ADDRESS									
· -			1									
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE					□ Ch	ange	Addition		
TITLE		- Detere	5.1 HTL						٠			
NAME					ADDRESS							
STREET ADDRESS												
CITY-ST-ZIP			5.4 C/T		-ZIP					0000	Addition	
TITLE		☐ DELETE	6.1 TiTL						☐ Ch	anye		
NAME			6.2 NAA									
STORET ADDOCS O			6.3 STR	EET	ADDRESS							

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

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR