05-10-1999 90220 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042368

1. Corporation Name

MERRICK INTERNATIONAL GROUP INCORPORATED

Principal Place	e of Business	Mailing Address	g Address					
110 HARBORVIEW LANE		110 HARBORVIEW LANE						
LARGO FL 33770 US		LARGO FL 33770 US			DO NOT WRITE IN THIS	SPACE		
us		03			3. Date Incorporated or Qualifed			
						05/13/1997		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26			59-3445577	1	lot Applicable	
		Suite, Apt. #, etc.	pt. #, etc.				\$8.75	Additional
27		27	27			5. Certifcate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Addec	to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes the current year In		.
24	25		30			Personal Property Tax.	Yes	√Z No
	9. Name and Address of Current	Registered Agent		81 1	Name	10. Name and Address of New Registered	Agent	
WEBER, MICHAEL R JR				ا ان	Name			
3701 50TH AVE SOUTH			- 1	82 Street Addr		ss (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33711				83				
011	ETERODORO TE 30711		ľ	03				
			Ī	84 City FL 85 Zip Code			Code	
44 Burguent	to the gravisions of Sections 607.0503	2 and 607 1508. Florida Statutes	the ab	ove-n	named corpo	ration submits this statement for the purpose of	changing i	ts registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu 					e corporation	n's board of directors. I hereby accept the appo	intment as r	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statui	ites.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if apolicable. (NOTE: F	Registered A	Agent si	ignature required	when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12
TITLE	P/D	☐ DELETE	1.1 TITL	LE			Change	e Addition
NAME	WILLIAMS, ROBERT		1.2 NAX	ME				
STREET ADDRESS	110 HARBORVIEW LANE		1.3 STR	REETAD	DORESS			
CITY-ST-ZIP	15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		14 CIT	Y-ST-Z	IP			
TITLE	S □ DELETE 2.11		2.1 TITU	LE			Change	Addition
NAME	WEBER, MICHAEL R JR 22N		2.2 NAN	ME				1
STREET ADDRESS	110 HARBORVIEW LANE		2.3 STR	REET AD	DORESS			
CITY-ST-ZIP	LARGO FL 33770 2.4		2. 4 CIT	ry-st-z	ZIP			
TITLE	DELETE 3.11		3.1 TITL	LE			Change	Addition
NAME			3.2 NAA	ME				
STREET ADDRESS			3.3 STF	REET AD	DORESS			
CITY-ST-ZIP			34. CIT	TY-\$T-Z	ZIP			
TITLE	DELETE 4.1 T		4.1 TITL	LE			Change	e Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET AL	DORESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	IP I			
TITLE		☐ DELETE	5.1 TITL				Change	e Addition
NAME			5.2 NAM					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP		_	5.4 CfT	Y-ST-Z	IP P			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _____SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

E KEQUIZ

☐ DELETE

727 866 6553

Change

☐ Addition