

02211999-90059-003 \*\*\*150.00  
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**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90059 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000049978

1. Corporation Name  
MERLIN COLLEGE GRANTS, INC.

Principal Place of Business

532 W. 20TH STREET  
HIALEAH FL 33010

Mailing Address

532 W. 20TH STREET  
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

65-0840-628

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Stone, Robert

82 Street Address (P.O. Box Number is Not Acceptable)

1111 Kane Concourse

83

Suite 514

84 City

Bay Harbor

FL

85 Zip Code  
33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Robert Stone  
1111 Kane Concourse #514  
Bay Harbor, FL. 33154 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Sue Owen  
4126 Cleveland St  
Hollywood, FL. 33021 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
[Blank]  
[Blank]  
[Blank] ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
[Blank]  
[Blank]  
[Blank] ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]  
[Blank]  
[Blank] ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank]  
[Blank]  
[Blank] ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: Robert Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

Daytime Phone #

CR2E034 (11/98)