

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000067874**

1. Corporation Name
A.B. MERRILL CO., INC.

Principal Place of Business
**1001 N. U.S. HWY. ONE, STE. 510
JUPITER FL 33477**

Mailing Address
**1001 N. U.S. HWY. ONE, STE. 510
JUPITER FL 33477**

FILED
99 JUL 26 PM 12:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1998

4. FEI Number

65-0836817

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. ☐ Yes ☒ No

2. Principal Place of Business
21 **222 U.S. HWY ONE**

Suite, Apt. #, etc.
22 **208**

City & State
23 **TEQUESTA, FL**

Zip
24 **33469**

Country

2a. Mailing Address
26 **222 U.S. HWY ONE**

Suite, Apt. #, etc.
27 **208**

City & State
28 **TEQUESTA, FL**

Zip
29 **33469**

Country

9. Name and Address of Current Registered Agent

**STENHORN, ALLEN A
1001 N. U.S. HWY. ONE, STE. 510
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name
VALERIE HALABY

82 Street Address (P.O. Box Number is Not Acceptable)
222 U.S. HWY ONE, SUITE 208

83

84 City
TEQUESTA

FL

85 Zip Code
33469

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALABY, VALERIE
1001 N. U.S. HWY. ONE, STE. 510
JUPITER FL 33477**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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
**P/S
VALERIE HALABY
222 U.S. HWY ONE, SUITE 208
TEQUESTA, FL 33469**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**500002952795
-08/06/99--01069--004
****150.00 ****150.00**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: *Valerie Halaby*
Signature, typed or printed name of signing officer or director

7-12-99

CR2E034 (5/99)

7
ALLEN STEINHORN & Co., Inc.
ACCOUNTANTS AND CONSULTANTS

1001 No. U.S. HIGHWAY ONE
SUITE 510
JUPITER, FL 33477-4478
TEL 561-744-2804
FAX 561-744-9665

July 12, 1999

Division of Corporations
Annual Report Filing
P.O. Box 6327
Tallahassee, FL 32314

Re: A.B. Merrill Co., Inc.
Doc: P98000067874

Gentlemen:

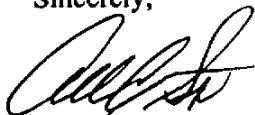
I am writing on behalf of my client, A.B. Merrill Co., Inc. regarding the non-payment of the Annual Fee by May 1, 1999. As you will note the original report was mailed to my office and should have been forwarded to A.B. Merrill Co. for payment.

During the past 10 months I have been under the care of Dr. Henry J. Shapiro for the treatment of Bladder Cancer with Chemotherapy and Radiation and due to the side effects of these treatments, I as a sole practitioner, have had some reports and returns fall through the cracks.

I am enclosing their check in the amount of \$150.00 along with a signed Annual Report for 1999 and due to the circumstances as stated, it is requested that you accept this as full payment and do not impose any penalties.

Thank you for your co-operation in this matter.

Sincerely,



Allen Steinhorn
allen/abmer.aas