PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROLOGO2873

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90062 024 ***150.00

1. Corporation	MER BENEFITS, INC.							,
Principal Place of Business Mailing Address							t 1981/1881 HE chier seitt oom entre gettt gestt geste utten uden sam geget tie ten	,
4411 BEE RIDGE RD. SUITE 271 4411 BEE RIDGE RD. SUITE				TE 271				
			SARASOTA FL 34233				DO NOT WRITE IN THIS SPACE	
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Į			i				3. Date Incorporated or Qualifed	
							09/24/1998 4. FEI Number Applied For	-
	lace of Business	ι	. Mailing Address			•	4. FEI Number \$\langle S = 0.895462 Not Applicable Not Applicable	-
21		26	Suite, Apt. #, etc.				\$9.75 Additional	٦ :
Suite, Apt.	#, etc.		Suite, Apr. #, etc.				5. Certificate of Status Desired Fee Required	} i
"City & State	A Company of the Comp	27	City & State				6. Election Campaign Financing \$5.00 May Be	╗
	.	28					Trust Fund Contribution Added to Fees	
Zip	Country	1201	Zip	Cou	intry		This corporation owes the current year intangible	7
24	25	29	_ -	30			Personal Property Tax. Yes SNo	_
	9. Name and Address of Curren		stered Agent				10. Name and Address of New Registered Agent	4
					81	Name		
	ud, robert w				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	7
C/O CLOUD CONSULTING, INC.			oz Street Ac			00000		╛
1982 CAPITAL CIRCLE NE, SUITE D					83		_	1
} Tall	LAHASSEE FL 32308				84	City	85 Zip Code	┥
{					11		FL []	╛
11. Pursuant	to the provisions of Sections 607.050:	2 and 6	607,1508, Florida Statu	tes, the a	bove-r	named corpo	oration submits this statement for the purpose of changing its registered	ì
1	m familiar with, and accept the obligat	tions of	da. Such change was a f, Section 607.0505, Fk	sunonzeo orlda Stat	a by the tutes.	ie corporatio	oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered	
agent. I a	in familiar with, and accept the obligat		_				d when reinstating) DATE	- G
1		t and (tie	If applicable (NOTI				d when reinstating) Daffe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered egen	t and (tie	If applicable. (NOTI	E: Registered	1 Agent si		d when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered egen OFFICERS AN	t and (tie	If applicable (NOTI	E: Registered	1 Agent si		d when reinstating) Daffe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	034 (11/98)
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6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS