FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S36979 1. Corporation Name

MERRAY, INC.

Principal Place of Business

Mailing Address

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90016 001 ***450.00



| 3046 NW 63RD BOCA RATON F | - | 3046 NW 63RD ST BOCA RATON FL 33496 | | | DO NOT WRITE IN THIS SPACE | | | |
|---|--|---|-----------------------|--|---|---------|----------|----------------|
| | | | | | 3. Date Incorporated or Qualifed 03/11/1991 | | _ | |
| 2 Princinal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | TA | pplied For |
| 21 | ace of business | 26 | | | 65-0250317 | | → | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional | | | |
| 22 27 | | | | | 3. Odrimonio di Tranta I I I I I I I I I I I I I I I I I I I | | Fee F | Required |
| City & State City & State 28 | | | | | 6. Election Campaign Financing Solution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip 29 3 | Country | | 8, This corporation owes the current year Intangible Personal Property Tax. | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | g. Name and Address of Our | Tent Neglaterou Agoin | 81 | Name | 10. | | | |
| CAPLAN, MURRAY | | | | | ess (P.O. Box Number is Not Acceptable) | | | |
| 3046 N.W. 63RD ST BOCA RATON FL 33496 | | | 83 | | | | | |
| 500 | 7 1710H LE 00130 | | | | | | | |
| | • | | 84 | City | | FL | 85 Zip | Code |
| 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: R | egistered Ager | t signature require | d when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECT | ORS IN 12 |
| TITLE | PT | ☐ DELETE | 1.1 TITLE | | | | Change | |
| NAME | CAPLAN, MURRAY | | 1.2 NAME | | | | | |
| STREET ADDRESS | 3046 N.W. 63RD ST | | 1.3 STREET | ADDRESS | | | | |
| CITY+\$T-ZIP | BOCA RATON FL | | 1.4 CITY-S | r-ZIP | | | | |
| TITLE | | | 2.1 TITLE | | | [| _ Change | e |
| NAME | CAPLAN, MERLE 22 | | 2.2 NAME | | | | | |
| _STREET_ADDRESS | :3046.N.W.:63RD.ST., 23 | | 2.3 STREET | ADDRESS | | | | - (|
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-5 | T-ZIP | | | | |
| TITLE | | ☐ DELETÉ | 3.1 TTTLE | | | [| Change | e ☐ Addition |
| NAME | | | 3.2 NAME | | | | | Ī |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | } |
| CITY-ST-ZIP | | | 3.4. CITY-S | T-ZIP | | | = | TT A MARKET |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ι | _ Change | Addition |
| NAME | , | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | r-zip | | | Change | E ☐ Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | ı | Çıranığı | |
| NAME | | | | ADDRESS | | | | |
| STREET ADDRESS | | | 5.3 STREE | 1 | | | | |
| CITY-ST-ZIP | | | 6.1 TITLE | 1-EIF | | | Change | e Addition |
| TITLE | | · C) DETELE | 6.2 NAME | | | | | المستحد، ري |
| NAME | | | 63 STREE | ADDRESS | | | | |
| STREET ADDRESS | | | 6.4 CITY-S | 1 | | | | |
| CITY-ST-7IP | | | ■ 6.4 CHY-S | 1-217 | • | | | |

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.

Murray Caplan 3046 NW 63 Street Boca Raton, Florida 33496

July 21, 1999

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, Florida 32302-1500

Re:

Heaton Park, Inc.

L95984

Merray, Inc.

S36979

Elizabeth Park, Inc. L95985

Dear Sir or Madam:

Enclosed are my annual reports for the above named corporations. I have enclosed payment in the amount of \$150.00 for each report. I understand that these reports are late. I am asking that you waive the associated late filing penalties. I have always relied on my accountant to prepare these documents and file them properly and timely. However, my accountant held onto these documents this year until after May 1, 1999. When I discovered this error, I was very displeased. I have since hired a new accountant and assure that I will personally make sure that these reports are filed in a timely manner in 2000. Again, I ask for your understanding as I have always filed my reports on time and intend to do so in the future. I await your response.

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536979

Sincerely,

Murray Caplan