## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

BIGHATURE AND TYPED OF PRINTED NAME OF

DOCUMENT # V09949

(1)

MERRIDENN ENTERPRISES, INC.						4   6 6     6     16   16   16   16   16	<b>6   11   16   1. 6</b> 1   11		AIL BLAN BIÁII 1864
Principal Place of Business Mailing Address						1 10 \$11 \$11011 \$0110 10110 10114 \$1	BIO (011 1111)	U1911 U1811 VI	# 11 <b># 15                                     </b>
3424 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118  3424 S ATLANTIC AVE DAYTONA BEACH SHO				3211	16				
						3. Date Incorporated or Qualified	<b>3a.</b> Da	te of Last R	•
						01/27/1992		04/26/1	
2. Principal Plac	ce of Business	2a. Mailing Address				1 <u> </u>			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					<del></del> .	5 Additional	
2 Suite, Apt. #,	, etc.	27			5. Certificate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing			May Be
3		28			Trust runa Commodition Added to Fees				
Zip 4	Country		Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
41	9. Name and Address of Currer			ī		10. Name and Address of New F		Agent	
		<u></u>		81	Name				
DZIKI, (	DENNIS			82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		<del></del>
	NNFIELD DR			02	Oli Ool Aol	areas ( .e. bea Herries to Herries begins			
	COAST FL 32135			В3					
1716071 4	557,577,550			84	City			85 Z	ip Code
					,		FI	_   `	
or registere	o the provisions of Sections 607.0502 id agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authori	zed by the	corb	oration's bo	oration submits this statement for the pu and of directors. I hereby accept the app	ointment a	is registere	d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (N	IOTE: Registerer	d Ager	nt signature requi	red when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	DELETE 1.1					☐ Change	☐ Addition
NAME	dziki, dennis		1.2 N	IAME					
STREET ADDRESS	14 WYNNFIELD DRIVE		1.3 \$	TAEEF	ADDRESS				
CITY-S1-ZIP	PALM COURT FL			1.4 CITY-ST-ZIP				[ ] Change	- Addition
TITLE	VP	DELETE	2 1 TITLE 22 NAME					changs	☐ Addition
NAME	COLLIER, MERRITT								
STREET ADDRESS	4TH ST MARKS CIRCLE			2.3 STREET ADDRESS 2.4 City - St - Zip					
CITY - ST - ZIP	ORMOND BEACH FL	ORMOND BEACH FL			51- ZIP			Change	☐ Addition
TITLE NAME			•	TITLE NAME				_ `	<del>-</del>
STHEET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE 4		4.1 TITLE				Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 9	STREET	T ADDRESS				
CITY-ST-ZIP			440	CITY-S	ST-ZIP				
TITLE		☐ DELFTE	5 1	TITLE				☐ Change	Addition Addition
NAME				AME					
STREET ADDRESS					TADORESS				
CITY-ST-ZIP				4 CITY-ST-ZIP				Change	Addition
THE		DELETÉ						□ o.mic	
NAME				NAME	t YDDDECC				
STREET ADDRESS					T ADDRESS				
14. Ldo hereb	v certify that the information supplied	with this filing is voluntarily fu	rnished and	l doe	ST-ZIP es not qualify	for the exemption stated in Section 119	9.07(3)(k), f	lorida State	utes. I further
certify that	the information editorted on this ope	iual report or supplemental ar oration or the receiver or trus:	nnual report tee empow	ic tri	He sout seen	rate and that my signature shall have the his report as required by Chapter 607, F	e same leo	al enect as	it made under