

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19801 (2)

1. Corporation Name

MERRITT ISLAND TECHNOLOGIES, INC.



Principal Place of Business

253 MERRITT SQUARE
SUITE 616
MERRITT ISLAND FL 32952

Mailing Address

253 MERRITT SQUARE
SUITE 616
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified
03/09/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3112211

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOBEY, THOMAS E.
1234 TINO COURT
ORLANDO FL 32825

81 Name

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

83

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MCKEEVER, ELAINE P
STREET ADDRESS 1425 MORGAN DRIVE
CITY-ST-ZIP MERRITT ISLAND FL

DELETE

TITLE DST
NAME PEACOCK, R. MICHAEL
STREET ADDRESS 489 ARBOR RIDGE LANE
CITY-ST-ZIP TITUSVILLE FL

DELETE

TITLE DV
NAME SOBEY, LINDA M.
STREET ADDRESS 1234 TINO CT.
CITY-ST-ZIP ORLANDO FL 32825

DELETE

TITLE D
NAME MCKEEVER, THOMAS R
STREET ADDRESS 1425 MORGAN DR
CITY-ST-ZIP MERRITT ISLAND FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Thomas E. Sobe
1.3 STREET ADDRESS 1234 TINO CT.
1.4 CITY-ST-ZIP ORLANDO, FL 32825

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

Change Addition

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

Change Addition

5.1 TITLE D
5.2 NAME McKeever, Elaine P.
5.3 STREET ADDRESS 253 Merritt Square, Ste 616
5.4 CITY-ST-ZIP Merritt Island, FL 32952

Change Addition

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

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (407) 267-9989

CR2E034 (12/95)