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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V30959

B. MERRELL OF FLORIDA, INC.

(3)

## FILED May 05 1998 8:00am Secretary of State



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Principal Place of Busi	ness	Mailing Address	Mailing Address						
1433 E LAFAYETTE ST Tallahassee FL 32301 US		P.O. BOX 8213 Columbus ga 31908 Us				DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualified 04/23/1992			
2. Principal Place of Business 21		2a. Mailing Address 26				4. FEI Number 65-0326745	- <del></del>	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	atus Desired S8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Zip Cour			or this corporation once or has pare the camera year			
24	25	29	30					□ No	
	ime and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent		
LEVINE, M	ARK S.			81	Name				
245 E VIRO	GINIA ST SEE FL 32301				Street Add	ddress (P.O. Box Number is Not Acceptable)			
				83		, , , , , , , , , , , , , , , , , , ,			
				84	City	FL	85 Zip	Code	
office or registere	ovisions of Sections 607,0502 d agent, or both, in the State or ar with, and accept the obligat	of Florida. Such chan <b>ge w</b> as	authorized	vd c	y the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing intment a	its registered as registored	
SIGNATURE Signature	lypod or printed name of registered agen-	Land the ill strol cuble (NC	01E Registered	l Aoc	ent signature reou	pred when re-instating) DATE			
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE PVS		☐ DEL <b>ET</b> E	1.1 11	ſLE			Change	Addition	
NAME BARI	ron, Merrell L Jr		1.2 NA	ME					
STREET ADDRESS 6263	BROOKSTONE BLVD		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP COL	UMBUS GA		1.4 CI	TY-S	ST-ZIP				
TITLE		DELETE	2.1 TIT	LE			Change	Addition	
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			2.4 C	ITY - S	ST-ZIP			-	
TITLE		DELETE	3.1 TI	TLE			Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4 C	11Y-S	S1-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP		<u>-</u>	4.4 CI	TY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TIT	TLE			Change	Addition	
NAME			5.2 NA	ME	1				
STREET ADDRESS			5.3 ST	REE1	1 ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DEL <b>ET</b> E	6.1 Til	TLE			Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	T ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-S	ST-ZIP				
14. I hereby certify the	at the information supplied wit	h this filing does not qualify	for the exe	mp	ition stated in	n Section 119.07(3)(i), Florida Statutes. I further cer	tity that th	ne information	

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 informatic indicated on this annual roport or supplemental annual roport price 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 expressed 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.

ANATURE.

Man Munt

4-25-98 701-160-199