

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90057 019 \*\*\*150.00

0426378

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V39995

1. Corporation Name

MERLIN DISTRIBUTION, INC.



Principal Place of Business

4100 E. MISSISSIPPI AVE  
SUITE 300  
DENVER CO 80222  
US

Mailing Address

P.O. BOX 41750  
ST. PETERSBURG FL 33743-1750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1992

4. FEI Number

84-1271352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

21 4865 DAKOTA BLVD.

2a. Mailing Address

26 BOX 4166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Boulder, Co.

27 Boulder, Co.

City & State

City & State

23 80307

28 80307

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

VERONA & FREEMAN, PA  
7235 FIRST AVENUE SOUTH  
SUITE 201  
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name VEROJA LAW GROUP, P.A.

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

7235 1ST AVE. SO.

83

84

City ST. PETERSBURG

FL

85 Zip Code 33707

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 BY: JAY VERONA, PRES. (JAY VERONA)

1/13/99

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 PD ☐ DELETE

NAME GREEN, BENJAMIN I.

STREET ADDRESS 4865 DAKOTA BLVD

CITY-ST-ZIP BOULDER CO 80304

TITLE ST ☐ DELETE

NAME OLESH, GERALD

STREET ADDRESS 480 S MARION PKWY #1204

CITY-ST-ZIP DENVER CO 80209

TITLE D ☐ DELETE

NAME GREEN, BEATRICE

STREET ADDRESS 4865 DAKOTA BLVD.

CITY-ST-ZIP BOULDER CO 80304

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

303 449 6110

Daytime Phone #

CR2E034 (11/98)