

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90206 030 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 753019**

1. Corporation Name  
**THE MERCADO ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>4600-4622 MERCADO<br>SEBRING FL 33872<br>US | Mailing Address<br>4316 LAMANCHA CIR<br>SEBRING FL 33872<br>US |
|--|--|



|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 4600 - 4618 MERCADO<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 SEBRING FLA<br>Zip Country<br>24 33872 25 U.S. | 2a. Mailing Address<br>26 4612 MERCADO<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 SEBRING FLA<br>Zip Country<br>29 33872 30 U.S. | 3. Date Incorporated or Qualified<br>06/19/1980 | 4. FEI Number<br>59-2261268<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|---|--|---|--|

9. Name and Address of Current Registered Agent

RICHARD KLOCKO  
 4316 Lamantia Circle  
 Sebring, FL 33872

10. Name and Address of New Registered Agent

81 Name **CAROL THORPE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4612 MERCADO DR.**  
 83  
 84 City **SEBRING** FL 85 Zip Code **33872**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Carol Thorpe **CAROL THORPE, MANAGER** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | FRENCH, ARTHUR          |                                 |
| STREET ADDRESS | 36587 PARK PLACE DR     |                                 |
| CITY-ST-ZIP    | STERLING HGHTS MI 48310 |                                 |
| TITLE          | ST                      | <input type="checkbox"/> DELETE |
| NAME           | IBSEN, WAYNE            |                                 |
| STREET ADDRESS | 80 BERTRAND AVE         |                                 |
| CITY-ST-ZIP    | SCARBOROUGH ON M1K 2S6  |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | PITTAO, JOHN            |                                 |
| STREET ADDRESS | 160 GARY AVE            |                                 |
| CITY-ST-ZIP    | TECUMSCH ON N9J 1V2     |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Wayne Ibsen **WAYNE IBSEN, DST** Date Feb 20/99 (941) 382-0089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)