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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **754432**1. Corporation Name

MERCURY TRANSPORTATION SERVICES, INC.

Principal Place of Busines	 SS
740 ALTON RD.	
MIAMI BCH, FL 33139	

Mailing Address

740 ALTON ROAD

FILED Apr 15, 1999 8:00 am § Secretary of State

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Zip Country 2ip Country 2ip Country 6. Election Campaign Financing Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 740 ALTON RD 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation board of directors. I hereby accept the appoint agent. I am familiar with, and accept the originations of, Section 617.0502, Florida Statutes. SIGNATURE Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE 1.1 T	\$8.75 Ad Fee Rec \$5.00 A Added to Agent	Autred May Be of Fees Code registered getagetered
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NAME SHVARTSMAN, BORIS 52 NAME		
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NAME SILBERBERG, SEMYON 62 NAME		
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CITY-ST-ZIP MIAMI BEACH FL 64 CITY-ST-ZIP 64 CITY-ST-ZIP		

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 an attachment with an address, with all other like empowered.

SIGNATURE: `