

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 # **F93000000942 (3)**

1. Corporation Name
MERCURY MARINE ACCEPTANCE CORPORATION



Principal Place of Business: **1105 HAMILTON STREET ALLENTOWN PA 18101 US**
Mailing Address: **% TAX DEPT 1105 HAMILTON STREET ALLENTOWN PA 18101 US**

3. Date Incorporated or Qualified: **03/05/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **56-1796730**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, RICHARD C	
STREET ADDRESS	886 DORSET RD	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAJOR, ROBERT A	
STREET ADDRESS	R R 9, MERRYWEATHER DR	
CITY-ST-ZIP	BETHLEHEM PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BODNAR, STEPHEN A	
STREET ADDRESS	930 N MUHLENBERG ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALASCKI, PAUL D	
STREET ADDRESS	4410 SPRUCE ST	
CITY-ST-ZIP	WHITEHALL PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUBBS, BRADLEY A	
STREET ADDRESS	5306 HOFFMAN DR, S	
CITY-ST-ZIP	SCHNECKSVILLE PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAGANO, CARMEN V	
STREET ADDRESS	2243 OAKWOOD CT	
CITY-ST-ZIP	FOGELSVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHASTEEN, FREDERICK J.	
1.3 STREET ADDRESS	1714 LOTUS DRIVE	
1.4 CITY-ST-ZIP	OREFIELD, PA	
2.1 TITLE	V P T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANGELILLI, LAWRENCE	
2.3 STREET ADDRESS	2078 DENNIS LANE	
2.4 CITY-ST-ZIP	BETHLEHEM, PA	
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 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: **S.A. Bodnar** VICE-PRESIDENT 04/25/96 (610) 437-8079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printing #

CR2E034 (12/95)