

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # H70740 (6)

1. Corporation Name
MERCHANT BANCFUND, INC.



Principal Place of Business

**9215 N. BAYSHORE DRIVE
MIAMI SHORES FL 33138
US**

Mailing Address

**9215 N. BAYSHORE DRIVE
MIAMI SHORES FL 33138
US**

3. Date Incorporated or Qualified 08/12/1985	3a. Date of Last Report 01/19/1995
4. FEI Number 59-2667774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**LACAPRA, JOHN R.
9215 N BAYSHORE DR
MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0902 and 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: PD 12.2 NAME: LACAPRA, JOHN R. 12.3 STREET ADDRESS: 9215 N. BAYSHORE DRIVE 12.4 CITY-STATE-ZIP: MIAMI FL <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY-STATE-ZIP:
12.5 TITLE: D 12.6 NAME: SUKKARIYYAH, ABDEL R. 12.7 STREET ADDRESS: 5825 PUERTA DEL SOL BLVD 12.8 CITY-STATE-ZIP: ST. PETERSBURG FL <input type="checkbox"/> DELETE	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY-STATE-ZIP:
12.9 TITLE: 12.10 NAME: 12.11 STREET ADDRESS: 12.12 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY-STATE-ZIP:
12.13 TITLE: 12.14 NAME: 12.15 STREET ADDRESS: 12.16 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY-STATE-ZIP:

14. I 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. 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 alteration with an address.

SIGNATURE: *John R. Lacapra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John R. Lacapra

2/20/96 **305-759-5392**
Date Digital Filing

CR2E034 (12/95)