

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

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23330 (4)**

1. Corporation Name  
**MERCHANT FACTORS, CORP.**



Principal Place of Business <b>1430 BROADWAY                  NEW YORK NY 10018                  US</b>	Mailing Address <b>1430 BROADWAY                  NEW YORK NY 10018                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/08/1989**

4. FEI Number  
**13-3125489**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent

**ULLMAN, MICHAEL W., ESQ.  
 115 NW 167TH ST.  
 CAPITAL BANK BLDG., PENTHOUSE SUITE  
 NO. MIAMI BEACH FL 33169**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City **FL** 85. Zip Code


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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KAYE, WALTER</b>
STREET ADDRESS	<b>1430 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LEVINE, HOWARD</b>
STREET ADDRESS	<b>1430 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>ROSENOW, STANLEY</b>
STREET ADDRESS	<b>1430 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GORDON, MANUEL</b>
STREET ADDRESS	<b>1430 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLLMAN, EDWARD</b>
STREET ADDRESS	<b>1430 BROADWAY</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rosenow, Stanley</b>
3.3 STREET ADDRESS	<b>1430 Broadway</b>
3.4 CITY-ST-ZIP	<b>New York, NY 10018</b>
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	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Grusd, Neville</b>
6.3 STREET ADDRESS	<b>1430 Broadway</b>
6.4 CITY-ST-ZIP	<b>New York, NY 10018</b>

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.

SIGNATURE:  **HOWARD LEVINE, S.V.P.** (212) 840-7575

CR2E034 (10/97)