**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 238508

MERCHANT TRANSPORT, INC.

Principal Place	of Business	Mailing Address			11 BIBIT AFAST BIBIT BI	# 1 BIE 11 1 E BI
533 BUNKER RO	)	533 BUNKER RD				
P.O.BOX 6115		P.O.BOX 6115		DE MOT MIDITE IN TH	10.004.05	
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33		05	DO NOT WRITE IN TH	IS SPACE	<del></del>	
				3. Date Incorporated or Qualifed		}
				07/14/1960 4. FEI Number		Bad For
2. Principal Pl	ace of Business	2a. Mailing Address		· ·		Applicable
21		26		59-0903458	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Red	
22		27 City 8 Ctata		5	<del></del>	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
23	Country	Zip	Country			7 7 003
Zip	<del></del>		30	This corporation owes the current year     Personal Property Tax.		□No I
24	25 9. Name and Address of Curr		30	10. Name and Address of New Registere		
	g. Name and Address of Curr	ent Registered Agent	81 Name	(0, 1)2	<u></u>	
JEAN	I C. MERCHANT					
	WEST LAKE DRIVE		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	CLARKE SHORES FL 33406		83			
	- OBTAINE OFFICE TE GO TO		"			
			84 City		85 Zip C	ode
		500 - 1007 1500 FI 11 Other		<u>-</u>	_ , , ,	registered
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was at	ithorized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	pointment as reg	istered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.			
E						
SIGNATURE				DAY!		
	Signature, typed or printed name of registered a	·	Registered Agent signature requ		AND DIRECTOR	
12.	OFFICERS A	AND DIRECTORS	13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS A	·	13. 1.1 TITLE	anea mierremana)	AND DIRECTOR	RS IN 12
12. TITLE NAME	OFFICERS A PD MERCHANT, JEAN C	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	anea mierremana)		
12.	PD MERCHANT, JEAN C 7700 W LAKE DR	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	anea mierremana)		
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90001 014 \*\*\*150.00