


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

04023

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90020 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 487150 1. Corporation Name THE MERCHANT PRINCE, INC.					
Principal Place of Business 2401 BAYSHORE BLVD. #905 APT 909 TAMPA FL 33629 US			Mailing Address 2401 BAYSHORE BLVD. #905 APT 909 TAMPA FL 33629 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1975	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1623629	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MACK, JOANNE 2401 BAYSHORE BLVD. #205 TAMPA FL 33629			10. Name and Address of New Registered Agent		
			81 Name Mack JOANNE		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 2401 Bayshore Blvd apt # 909		
			84 City TAMPA 85 Zip Code FL 33629		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD MACK, JOANNE					
1.3 STREET ADDRESS 2401 BAYSHORE BLVD, APT 909					
1.4 CITY-ST-ZIP TAMPA FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME SD MACK, JOANNE					
2.3 STREET ADDRESS 2401 BAYSHORE BLVD, APT 909					
2.4 CITY-ST-ZIP TAMPA FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOANNE MACK, PRES.** *Joanne Mack pres (1/4/99)* 813 2547054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)