

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000000028 (1)
1. Corporation Name

MERCURY TECHNOLOGIES CORPORATION



Principal Place of Business: **C/O PATRICK J. PERKINS, M.D. 3 DE SOTO COURT ORINDA CA 94563**
Mailing Address: **C/O PATRICK J. PERKINS, M.D. 3 DE SOTO COURT ORINDA CA 94563**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1993	3a. Date of Last Report 04/26/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-3030631	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<ul style="list-style-type: none"> ADVANCED ENVIRONMENTAL RECYCLING CORP. OF FLORIDA 4317 L FORTUNE PLACE WEST MELBOURNE FL 32934 				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 _____ (NAME Registered Agent Signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD PERKINS, PATRICK J	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, PATRICK J	12 NAME	
STREET ADDRESS	3 DE SOTO COURT	13 STREET ADDRESS	
CITY-ST-ZIP	ORINDA CA 94563	14 CITY-ST-ZIP	
TITLE	D KANTER, IRA E	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTER, IRA E	22 NAME	
STREET ADDRESS	287 PASEO BERNAL	23 STREET ADDRESS	
CITY-ST-ZIP	MORAGA CA 94556	24 CITY-ST-ZIP	
TITLE	D MORRIS, LEWENSTEIN	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LEWENSTEIN	32 NAME	
STREET ADDRESS	3029 RIVERA DR.	33 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA 94010	34 CITY-ST-ZIP	
TITLE	D NOBLE, MICHAEL T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, MICHAEL T	42 NAME	
STREET ADDRESS	238 TERN PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIS CA 95616	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 included in 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)