

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**

3. Date Incorporated or Qualified: **01/05/1993**
 3a. Date of Last Report: **04/26/1995**
 4. FEI Number: **94-3030631**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29
 25. Country: 29

9. Name and Address of Current Registered Agent:
**ADVANCED ENVIRONMENTAL RECYCLING CORP. OF FLORIDA
 4317 L FORTUNE PLACE
 WEST MELBOURNE FL 32934**

10. Name and Address of New Registered Agent:
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____ (Typed or printed name of current registered agent and date of signature)
 _____ (Typed or printed name of new registered agent and date of signature)

12. OFFICERS AND DIRECTORS

TITLE	PSTD PERKINS, PATRICK J	<input type="checkbox"/> DELETE
NAME	3 DE SOTO COURT	
STREET ADDRESS	ORINDA CA 94563	
CITY-ST-ZIP		
TITLE	D KANTER, IRA E	<input type="checkbox"/> DELETE
NAME	287 PASEO BERNAL	
STREET ADDRESS	MORAGA CA 94556	
CITY-ST-ZIP		
TITLE	D MORRIS, LEWENSTEIN	<input type="checkbox"/> DELETE
NAME	3029 RIVERA DR.	
STREET ADDRESS	BURLINGAME CA 94010	
CITY-ST-ZIP		
TITLE	D NOBLE, MICHAEL T	<input type="checkbox"/> DELETE
NAME	238 TERN PLACE	
STREET ADDRESS	DAVIS CA 95616	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 is changed, or on an attachment with an address.

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

CR2E034 (3/96)