

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000138 (7)**

1. Corporation Name
THE MERCER GROUP, INC.



Principal Place of Business 1801 E. CABRILLO BLVD. SANTA BARBARA CA 93108	Mailing Address 1801 E. CABRILLO BLVD. SANTA BARBARA CA 93108-2836
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1994	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27		4. FEI Number 77-0223052	Applied For Not Applicable
22 City & State	27	28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	30		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	
FAUCETT, ROBERT R 4200 CYPRESS SUITE 479 TAMPA FL 33607		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONGIEUX, GENE L JR	1.2 NAME	
STREET ADDRESS	1112 LAGUNA ST.	1.3 STREET ADDRESS	1566 ORAMAS ROAD
CITY-ST-ZIP	SANTA BARBARA CA 93101	1.4 CITY-ST-ZIP	SANTA BARBARA, CA 93103
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHESTIE, HOWARD M	2.2 NAME	
STREET ADDRESS	488 MONARCH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTECITO CA 93108	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYSEL, GLEN	3.2 NAME	
STREET ADDRESS	1540 BOLERO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA 93108	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, DONALD	4.2 NAME	710 LA BUENA TIERRA
STREET ADDRESS	887 VIA CAMPOBELLO	4.3 STREET ADDRESS	SANTA BARBARA, CA 93111
CITY-ST-ZIP	SANTA BARBARA CA 93111	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Don Chambers* **Don Chambers, Treasurer** 4/18/97 (85) 565-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)