

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/11/1994 4. FEI Number 77-0223052 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FAUCETT, ROBERT R
4200 CYPRESS
SUITE 479
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name MARK LEPIZINSKI 82 Street Address (P.O. Box Number is Not Acceptable) 4200 W. CYPRESS STREET 83 SUITE 479 84 City TAMPA 85 Zip Code FL 33607
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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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/19/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DONGIEUX, GENE L JR	1.2 NAME	
STREET ADDRESS	1506 ORAMAS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
NAME	CHAMBERS, DONALD	4.2 NAME	
STREET ADDRESS	710 LA BUENA TIERRA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or in an attachment with an address.

SIGNATURE

Gene L. Dongieux, Jr.

3/27/98

(805) 565-1681

CR2E034 (10/97)