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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **G11641** **(9)**

1. Corporation Name
MERCEDITA MARINE, INC.

Principal Place of Business	Mailing Address
1122 EAST ATLANTIC AVE. P.O. DRAWER 1929 DELRAY BEACH FL 33483-6936	1122 EAST ATLANTIC AVE. P.O. DRAWER 1929 DELRAY BEACH FL 33483-6936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1032 E. Atlantic Ave.	26 P.O. Drawer 1929
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Delray Beach, Florida	28 Delray Beach, Florida
24 Zip 33483 / 25 Country USA	29 Zip 33447-1929 / 30 Country USA

4. FEI Number: 59-2240282 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERBER, PAUL S. ~~1122 E. ATLANTIC AVENUE~~ DELRAY BEACH FL 33483	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1032 E. Atlantic Avenue (rear entrance) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FERBER, PAUL S.	12 NAME	
STREET ADDRESS	~~70 SE 5TH AVENUE~~	13 STREET ADDRESS	1032 E. Atlantic Ave. (rear entrance)
CITY ST ZIP	~~DELRAY BEACH FL~~	14 CITY ST ZIP	Delray Beach, FL 33483
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	~~FERBER, PAUL S., JR.~~	22 NAME	Charyles Y. Neff, Jr.
STREET ADDRESS	~~70 SE 5TH AVENUE~~	23 STREET ADDRESS	2615 Lantana Road, Suite A
CITY ST ZIP	~~DELRAY BEACH FL~~	24 CITY ST ZIP	Lantana, FL 33462
TITLE		31 TITLE	D ☒ Change ☐ Addition
NAME		32 NAME	William L. Wallace
STREET ADDRESS		33 STREET ADDRESS	E. 95 E. Linton Blvd.
CITY ST ZIP		34 CITY ST ZIP	Delray Beach, FL 33444
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/1/95

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)(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: _____ Paul S. Ferber _____ (407)272-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276770 CP