

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

FILED

Apr 28 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 # **G11641** (9)
1. Corporation Name
MERCEDITA MARINE, INC.



Principal Place of Business 1032 E ATLANTIC AVENUE DELRAY BEACH FL 33483 US	Mailing Address P.O. DRAWER 1929 DELRAY BEACH FL 33447-1929 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 363 Atlantic Blvd. Suite, Apt. #, etc 22 Suite #3 City & State 23 Atlantic Beach, Florida Zip 24 32233		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30		3. Date Incorporated or Qualified 12/03/1982	
25		28		4. FEI Number 59-2240282 Applied For Not Applicable	
25		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERBER, PAUL S.
1032 E ATLANTIC AVE
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name Paul S. Ferber
82 Street Address (P.O. Box Number is Not Acceptable) 363 Atlantic Boulevard, Suite #3
83
84 City Atlantic Beach
85 State FL
86 Zip Code 32233

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

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

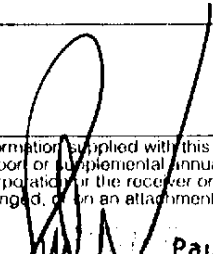
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERBER, PAUL S. 1032 E ATLANTIC AVENUE (REAR ENTRANCE) DELRAY BEACH FL 33483	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 363 Atlantic Blvd., Suite #3 Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEFF, CHARYLES Y 2815 LANTANA ROAD, SUITE A LANTAN FL 33462	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, WILLIAM L E. 95 E. LINTON BLVD DELRAY BCH FL 33444	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE:



Paul S. Ferber

904-247-2814

CR2E034 (10/97)