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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J19197

(9)

MARC MERCURY, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						
P.O. BOX 1929 HOLLYWOOD FL 33022		P.O. BOX 1829 HOLLYWOOD FL 33022				
	_				 Date Incorporated or Qualified 06/12/1986 	3a. Date of Last Report 08/13/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2684999	Not Applicable
Suite, Apt. #, etc.		 -1 '	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		<u> </u>	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	This corporation has liability for	
24	25	29	30	·		Yes No
g, Name and Address of Current Registered Agent					10. Name and Address of New R	egistered Agent
NOVEMBER, GEORGE 81						
6100 HOLLYWOOD BLVD.				82 Street Add	ress (P.O. Box Number is Not Accepta	(ble)
SUITE 404				2096	20 North East	2/31 Court
HOLLYWOOD FL 33024				B3		
				84 Cily		85 Zip Code
				Norti	h Miami	FL 33/79
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the at	ove-named corp	poration 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.	Signature, typed or printed name of registered ages OFFICERS AND		Registered	1 Agent signature requi	rod when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	PD	DELETE	1.1 TH	LE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	MERCURY, MARC		1.2 NA	Ĭ		· · · · · · · · · · · · · · · · · ·
STREET ADDRESS	1101 POLK ST.			REET ADDRESS		
CITY-ST-ZIP	HOLLWHOOD EL MANA		1	IY-ST-ZIP		
TITLE		DELETE	2.1 711			Change Addition
NAME			2.2 N/	IME .		
STREET ADDRESS			2351	REET ADDRESS		}
CITY-ST-ZIP			2 4 0	TY-ST-ZIP		
TITLE		☐ DELETE	3.1 Ti	īLE .		☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		Į
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TI	i i		Change
NAME			4.2 N			l
STREET ADDRESS				REE1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 Til	TY-ST-ZIP		Change Addition
NAME		() DELETE	5.2 NA	ļ		E Sharge E Accident
STREET ADDRESS			ı.	REET ADDRESS		
CITY-ST-ZIP				IY-SI-ZIP		
TITLE		DELETE	61111			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS				REE1 ADDRESS		
CITY-ST-ZIP			1	IY-S1-ZIP		Ì
	w antifu that the information cumplies	t with this filing doos not qualify			Vin Section 119.07/3Vi) Florida Statut	on I further earlier that the

reor reverse the importance supplied with this illing does not quality 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 11 in changed, or on an article ment with an address.