

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Walker
Secretary of State
TALLAHASSEE, FLORIDA 32399

APPROVED
MAY 11 1995

COMMUNICATIONS SECTION

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55948** (8)

1. Corporation Name
BILL'S MERCEDES PLACE, INC.

Principal Place of Business: **C/O WILLIAM TOWNSEND
5424 NW 10TH TERRACE
FT LAUDERDALE FL 33309**

Mailing Address: **C/O WILLIAM TOWNSEND
5424 NW 10TH TERRACE
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 03/05/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0185349	Approved For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for enterprise tax under 15-139(01) Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Opening or Name of Mergers 21	2a. Mergers Acquired 26
State Acquired 22	State Acquired 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOWNSEND, WILLIAM
5424 NW 10TH ST.
FT LAUDERDALE FL 33309**

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL
B5. Zip Code	

11. Pursuant to the provisions of Section 607.01, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in full in the 12th part of this year. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of registered agent in full in full compliance with the provisions of Section 607.01, Florida Statute.

SIGNATURE

Signature of Agent (if not same as registered agent in full, sign name)

Signature of New Registered Agent (if not same as registered agent in full, sign name)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
12.1 NAME D TOWNSEND, WILLIAM OFFICE ADDRESS 310 SE 13TH CT. POMPANO BEACH FL	12.2	13.1 NAME D TOWNSEND, WILLIAM OFFICE ADDRESS 11701 SE 84 TERR BELLEVUE, FL 33430-5405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	12.4	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5	12.6	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7	12.8	13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9	12.10	13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11	12.12	13.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13	12.14	13.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15	12.16	13.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17	12.18	13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19	12.20	13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in section 139.01(2)(b), Florida Statute. I further certify that the information included 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. I am an officer or director of the corporation or the treasurer or transfer agent or to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *William Townsend*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95
795-7959