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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L56516

(2)

MERCUR, INC.

本人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人

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Mar 13 1997 8:00am

Secretary of State

8204 BIRD AV	e of Business	Mailing Address			T 100 101 111	AFOIT EIGHT BADAT OFDIT O	1011 61615 1061
COCONUT GR		1501 SW LEJEUNE ROAT CORAL GABLES FL 3313) 14-3834				
No. 25					3. Date incorporated or Qualified 03/07/1990	3a. Date of Las 05/10/199	
2. Principal Place of Business		28. Mailing Address		4, FEI Number		Applied For	
Suite, Apt. #, etc.		26		65-0186266		Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & Stat	le	City & State			6. Election Campaign Financing	\$5.0	OO May Be
Zip		28			Trust Fund Contribution		ed to Fees
Zip .	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax unde	er s. 199.032,
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes	Yes No	
	g, Name and Address of Currer	nt Registered Agent		7	10. Name and Address of New Reg	Istered Agent	
	RMAN, TERRY J.		61	Name			
1501 SW LEJEUNE ROAD CORAL GABLES FL 33134			82	Street Add	ess (P.O. Box Number is Not Acceptable)		
			83	3			
ell s			84	City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abov	I re-named cor	poration submits this statement for the pu	vacan of abanain	a its registered
Office of r	registered agent, or both, in the State im familiar with, and accept the oblig-	i al Fiariga. Such chango was	A Provided P	u the carner	ation's board of directors. I hereby accept	t the appointment	as registered
	and accept the oblig.	ations of, Bection 607.0005, F	ionda statute	· 5.			
SIGNATURE	Signature, typod or printed name of registered ago	ont and title if applicable. (NO	1£: Registered Ag	ent signature requ	aired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Chang	
NAME	HANS, THOMA A.		1.2 NAME				
STREET ADDRESS	3204 BIRD AVENUE			1 ADDRESS			
P 42 44 200			1.3 STREE	1 HOUNEOU			
	COCONUT GROVE FL 33133		1.3 STREE				
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CITY-ST-ZIP TITLE	DS FORMAN, TERRY J. 1501 SW LEJEUNE ROAD	DELETE.	1.4 CHY-1 2.1 THLE 2.2 NAME			Chang	e Addition
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