**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 156516**

1. Corporation MERCUF		,					
Principal Place	e of Business	Mailing Address				THE MEMOR MEDIC MEMORI MIRES OF	(Q11 Q1Q1) (Q6)
3204 BIRD AVENUE 1501 SW LEJEUNE ROAD COCONUT GROVE FL 33134 CORAL GABLES FL 33134 US					DO NOT WRITE IN THIS SPACE		
00					3. Date Incorporated or Qualifed 03/07/1990		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	olied For
21		26			65-0186266		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & Stat	8	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 : Added to	
Zip	Country 25	Zip	Country 30	/	This corporation owes the current     Personal Property Tax.	year Intangible ☐ Yes	The same
24	9. Name and Address of Curren		<del></del>		10. Name and Address of New Reg		/ •
FORMAN, TERRY J. 1501 SW LEJEUNE ROAD CORAL GABLES FL 33134			83	82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code			
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligated agent, or printed name of registered agents.				rporation submits this statement for the pur tion's board of directors. I hereby accept the ired when reinstating)	pose of changing its e appointment as reg	registered gistered
12.				•	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	HANS, THOMA A.		1.2 NAME				
STREET ADDRESS	3204 BIRD AVENUE			TADORESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133	☐ DELETE	1.4 CITY-ST-ZIP		<del>_</del>	☐ Change	Addition
TITLE	DS	☐ DELETE	2.1 TITLE	<b> </b>			
NAME	FORMAN, TERRY J.		2.2 NAME				
STREET ADDRESS				T ADDRESS	and the second s		
CITY-ST-ZIP	CORAL GABLES FL 33134	— — — — — — — — — — — — — — — — — — —	2.4 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE			•	. Claude	
NAME	,		3.2 NAME		·		
STREET ADDRESS	ļ			T ADDRESS		/	
CITY-ST-ZIP		} □ DELETE	3.4. CITY-	S1•ZIP		[T] Change	☐ Addition
TITLE		₹ ∏ nerete	4.1 TITLE	.		El cinilgo	
NAME			4. 2 NAME	i			
STREET ADDRESS	1			TADDRESS			
CITY-ST-ZIP	<b>}</b>		4.4 CITY-	ST•ZIP			

CITY-ST-ZIP 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

Change

Change

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90172 028 \*\*\*150.00

☐ Addition

Addition