

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90010 006 \*\*\*558.75

DOCUMENT # M55426V

1. Corporation Name

MERCATOR MANAGEMENT GROUP, INC.

Principal Place of Business

13014 N. DALE MABRY  
SUITE 316  
TAMPA, FL 33618

Mailing Address

13014 N. DALE MABRY  
SUITE 316  
TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1987

2. Principal Place of Business

21 5401 SW 77 COURT

Suite, Apt. #, etc.

22 UNIT 108E

City & State

23 MIAMI FL

Zip

Country

24 33155 25 USA

2a. Mailing Address

26 5401 SW 77 COURT

Suite, Apt. #, etc.

27 UNIT 108E

City & State

28 MIAMI FL

Zip

Country

29 33155 30 USA

4. FEI Number

59-2807177

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JOHN MCGINNIS  
13014 N. DALE MABRY #316  
TAMPA, FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.9502 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)

JOHN MCGINNIS

6-2-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE

NAME GREGORY LEIB  
STREET ADDRESS 29 BROADWAY  
CITY-ST-ZIP LYNDENBROOK, NY 11563

TITLE PRESIDENT ☐ DELETE

NAME JOHN MCGINNIS  
STREET ADDRESS 13014 N. DALE MABRY  
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-99