

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**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90066 041 \*\*\*158.75

**DOCUMENT # P23330**

1. Corporation Name  
**MERCHANT FACTORS, CORP.**

Principal Place of Business

1430 BROADWAY  
NEW YORK NY 10018  
US

Mailing Address

1430 BROADWAY  
NEW YORK NY 10018  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/08/1989**

4. FEI Number

**13-3125489**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ULLMAN, MICHAEL W., ESQ.  
115 NW 167TH ST.  
CAPITAL BANK BLDG., PENTHOUSE SUITE  
NO. MIAMI BEACH FL 33169

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAYE, WALTER	
STREET ADDRESS	1430 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, HOWARD	<b>RETIRED</b>
STREET ADDRESS	1430 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENOW, STANLEY	
STREET ADDRESS	1430 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, MANUEL	
STREET ADDRESS	1430 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLLMAN, EDWARD	
STREET ADDRESS	1430 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRUSD, NEVILLE	
STREET ADDRESS	1430 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10018	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Albert Camhi	
1.3 STREET ADDRESS	1430 Broadway	
1.4 CITY-ST-ZIP	New York, NY	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)