

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90212 029 ***150.00

DOCUMENT # P40176

1. Corporation Name

MERKUR MANAGEMENT INC.

Principal Place of Business

**360 GULF OF MEXICO DR.
APT. #333
LONGBOAT KEY FL 34228**

Mailing Address

**360 GULF OF MEXICO DR.
APT. #333
LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1992

4. FEI Number

38-2899800

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

21 25 S. WASHINGTON DR.

2a. Mailing Address

26 25 S. WASHINGTON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34236

Country

25 USA

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

**RUSEN, HEIN
360 GULF OF MEXICO DR
APT 333
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name

HEIN RUSEN

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

25 S. WASHINGTON DRIVE

83

84 City **SARASOTA**

FL

85 Zip Code

34236

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 ☐ DELETE

**NAME
HAVELOCK, JOHANNA
STREET ADDRESS
11111 FRENCH ROAD
CITY-ST-ZIP
DETROIT MI 48234**

TITLE ☐ DELETE

**NAME
DS
RUSEN, BEVERLY
STREET ADDRESS
360 GULF OF MEXICO DR., #333
CITY-ST-ZIP
LONGBOAT KEY FL**

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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHANNA HAVELOCK

2/28/99

313-571-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)