

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000003145 (9)

1. Corporation Name

MERCEDES ADVANTAGE PLUS, INC.

Principal Place of Business

4224 FOWLER ST  
#3  
FT. MYERS FL 33901  
US

Mailing Address

4224 FOWLER ST  
#3  
FT. MYERS FL 33901-2611  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 County

30

9. Name and Address of Current Registered Agent

BROWN, KEVIN  
3111-39TH STREET S.W.  
LEHIGH ACRES FL 33971

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 607.1506, 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

3/19/97

DATE

(NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11.1	<input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		11.2 NAME		
STREET ADDRESS		11.3 STREET ADDRESS		
CITY, ST, ZIP		11.4 CITY, ST, ZIP		
11.2	<input type="checkbox"/> DELETE	21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		21.2 NAME		
STREET ADDRESS		21.3 STREET ADDRESS		
CITY, ST, ZIP		21.4 CITY, ST, ZIP		
11.3	<input type="checkbox"/> DELETE	31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		31.2 NAME		
STREET ADDRESS		31.3 STREET ADDRESS		
CITY, ST, ZIP		31.4 CITY, ST, ZIP		
11.4	<input type="checkbox"/> DELETE	41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		41.2 NAME		
STREET ADDRESS		41.3 STREET ADDRESS		
CITY, ST, ZIP		41.4 CITY, ST, ZIP		
11.5	<input type="checkbox"/> DELETE	51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		51.2 NAME		
STREET ADDRESS		51.3 STREET ADDRESS		
CITY, ST, ZIP		51.4 CITY, ST, ZIP		
11.6	<input type="checkbox"/> DELETE	61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		61.2 NAME		
STREET ADDRESS		61.3 STREET ADDRESS		
CITY, ST, ZIP		61.4 CITY, ST, ZIP		

14. I do 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, I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 941-936-6568

Date

Daytime Phone #

0306345

CR2E034 (9/96)