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Apr 28, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000057748

1. Corporation Name
MERCURY MOTORS, INC.



Principal Place of Business 502 E. NEW HAVEN AVE. MELBOURNE FL 32901	Mailing Address 502 E. NEW HAVEN AVE. MELBOURNE FL 32901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 502 E. New Haven Avenue Suite, Apt. #, etc. 22 City & State 23 Melbourne, Florida Zip 24 32901 Country 25		2a. Mailing Address 26 502 E. New Haven Ave. Suite, Apt. #, etc. 27 City & State 28 Melbourne, Florida Zip 29 32901 Country 30		3. Date incorporated or Qualified 08/13/1993 4. FEI Number 59-3197896 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

WALDEN, JOHN
502 E. NEW HAVEN AVE.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name Markey & Fowler, P.A.	82 Street Address (P.O. Box Number is Not Acceptable) 410 West Merritt Avenue	83	84 City Merritt Island	85 Zip Code FL 32953
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11. Pursuant to the provisions of Sections 607.0501 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

4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	JOYNER, JEFF,	1.2 NAME	
STREET ADDRESS	1045 W. KING STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	S/T/D
NAME	WALDEN, JOHN	2.2 NAME	Barbour, David C.
STREET ADDRESS	502 E. NEW HAVEN AVE.	2.3 STREET ADDRESS	1045 West King Street
CITY-ST-ZIP	MELBOURNE FL 32901	2.4 CITY-ST-ZIP	Cocoa, Florida 32922
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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 a full other like empowered.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

4/26/99

Date

407-633-6314

Daytime Phone #

CR2E034 (11/98)