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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

02-20-1999 90118 010 ***150.00

DOCUMENT #	P9400005327
4. Companion Nome	IUTUUUUUULI

1. Corporation MERCU	on Name	" F9400 NG CORP.	10000)SZ1									
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2 Principal F	Place of Rusi	Bose	72	Mailing Address					01/18/19 FEI Numbe			····	*#4 F
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	65-0565			\$8.7	5 Additional			
22	,		27					5.	, Certifcate o	of Status Desired	d 🗆		Required
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23			28							Contribution	\$ 📙		ed to Fees
Zip		Country		Zip	Co	ountry		8.	This corpo	ration owes the	current year	intangible	
24		25	29		30				Personal P	Property Tax.	· ·	☐ Yes	□No
	9. Name	and Address of Curr	rent Registe	ared Agent		1		10.	Name and	Address of Ne	w Registere	d Agent	
1 50	KAR, DAVI	n w				81	Name						
	SE 7 ST	J ***				82	Street A	ddress (F	O. Box Nu	mber is Not Acce	eptable)		
		LE FL 33301					<u> </u>						
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11 Pursuant	to the provis	sions of Sections 607.0	1502 and 60	7 1508 Florida Stat	tutes the	above	e-named c	ornoration	n submite th	is statement for			ite registered
office or i	registered ag	ent, or both, in the Sta ith, and accept the obli	ite of Florida	a. Such change was	s authorize	ed by 1	the corpor	ration's bo	pard of direc	tors. I hereby ac	cept the app	ointment as	registered
SIGNATURE													
12.	Signature, typed	or printed name of registered a			OTE: Registere		t signature rec			CHANGES TO	DATE OFFICERS /	ND DIDEC	TOPS IN 12
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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

2/9/99 Date

56/ 750889 9 Daytime Phone

90/11/08/