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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032998 (4)

MERCHANT FINANCE CORPORATION

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business 821 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301		Mailing Address 821 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301-2084				
77.				 Date Incorporated or Qualified 05/02/1994 	3a. Date of Las 03/29/199	
2. Principal Place of Business	2a. Mailing Addre	ess		4. FEI Number		Applied For
Suite Apt # etc.	26 Suite, Apt. #,	etc.		65-0492229	60.7	Not Applicable
22 City & State	27 City & State		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	Fee	5 Additional Required
23	28			6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip Country	Zip	Co	untry	8. This corporation has liability for	······	
24 25	29	30		Florida Statutes	Yes No	. 0. 100.002,
······································	of Current Registered Agent			10. Name and Address of New R	legistered Agent	
MINIACI, DOMINICK F			81 Name			
821 EAST BROWARD BLVD			82 Street Add	lress (P.O. Box Number is Not Accepte	able)	- · · · · · · · · · · · · · · · · · · ·
FORT LAUDERDALE FL 330	WI		83			
	!		84 City		FL 85 Z	ip Code
office or registered agent, or both, in agent. I am familiar with, and accept	t the obligations of, Section 607.0	0505, Florida Sta	itutes.	•		
SIGNATURE Stgriature, typical or printed name of	regissered agent and lifle if applicable	(NOTE Registere	stutes. ed Agent signature requi	red when reinstating)	DATE	**************************************
SIGNATURE Signature, typical or printed name of	represend agent and life if applicable	(NOTE Registers	ed Agent signature requi		DATE ICERS AND DIRECTO	ORS IN 12
SIGNATURE Signature: typical or printed name of 12. OFFI	represend agent and lete if applicable ICERS AND DIRECTORS	(NOTE Register 13. LETE 1.1 I	ed Agent signature requi	red when reinstating)	DATE	ORS IN 12
SIGNATURE Signature: typical or printed name of the control of the	represent agent and life if applicable ICERS AND DIRECTORS DEL	(NOTE Register 13. LETE 1.11	ed Agent signature requi	red when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
SIGNATURE Signature, typical or printed name of DILLE D VASSILOPOULOS, TO	repsered agent and life if applicable ICERS AND DIRECTORS DEL DNY BLVD.	(NOTE Registere 13. LETE 1.1 T 1.2 N 1.3 S	ed Agent signature requi	red when reinstating)	DATE ICERS AND DIRECTO	ORS IN 12
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