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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000032998 (4) DOCUMENT #

MERCHANT FINANCE CORPORATION

Mar 23 1998 8:00am Secretary of State

FILED

20 February

Principal Plac	e of Business	Mailing Addre	Mailing Address					
	ROWARD BLVD.		821 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301					
FORT LAUDE	RDALE FL 33301	FORT LAUDI						
						DO NOT WRITE IN THE	S SPACE	
						 Date Incorporated or Qualified 05/02/1994 		
2. Principal P	Place of Business	2a. Mailing A	ddress			4. FEI Number		pplied For
21		26	GG.000			65-0492229		ot Applicable
Suite, Apt.	# elc		Suite, Apt. #, etc.			_		Additional
22	4 , 616.	· ·	27			5. Certificate of Status Desired		dequired
City & Stat	la .	City & Sta	ile			6. Election Campaign Financing		
23		<u></u> -	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Countr	<i>y</i>	8. This corporation owes or has paid the		
24	25	29	l.	30	,	Personal Property Tax due June 30.		No
24	9. Name and Address of Cu			301		10. Name and Address of New Registere		
	NIACI, DOMINICK F	ment negletored regor		81	Name	10. 100.00 0.00 0.000 0.000		
]			
821 EAST BROWARD BLVD.					Street Add	dress (P.O. Box Number is Not Acceptable)		
FO	ORT LAUDERDALE FL 33001							
				83				
				84	City		85 Zip	Code
				۳	City	F	L S Z	0000
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, F	lorida Statute	s, the abov	e-named co	rporation submits this statement for the purpose	of changing	its registered
office or r	registered agent, or both, in the S	state of Florida. Such cl	hange was at	uthorized b	y the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	s registered
agent. I a	im tamiliar with, and accept the c	ibligations of, Section 6	i07.0505, Floi	rida Statute	·\$.			
SIGNATURE	Signature, typed or printed name of registers	ad accord and tale if anothrophic	(N/OTE	Denistered An	not eigenhure rech	quired when reinstating) DATE		
12.		S AND DIRECTORS	(MOTE	13.	ent eignature redi	ADDITIONS/CHANGES TO OFFICERS A		BS IN 12
TITLE	D		DELETE	1.1 TOTLE		TODATION OF THE CONTROL OF THE CONTR	Change	Addition
NAME	VASSILOPOULOS, TONY	<u> </u>		1.2 NAME				
	821 EAST BROWARD BL	MD.		4				
STREET ADDRESS	FORT LAUDERDALE FL 3				T ADDRESS			
CITY-ST-ZIP	PORT LAUDERDALE FL 3		Tori ere	1.4 CITY-	ST-ZIP		1165	1 222
TITLE		L.	DELETE	2.1 TITLE			☐ Change	Addition
NAME				2.2 NAME	1			
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE		L	DELETE	3.1 TITLE			Change] Addition
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE	-		DELETE	4.1 TITLE	01-611		Change	Addition
		L	Jecese				- Vilaigo	
NAME				4. 2 NAME				
STREET ADDRESS				1	T ADDRESS			
CITY-ST-ZIP			1 nevere	4.4 CITY-	ST-ZIP			T a a anno
TITLE	ĺ	L] DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME	}			
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			
TITLE		L	DELETE	6.1 TITLE			☐ Change	Addition
NAME		_		6.2 NAME			-	
					T ADDRESS			
STREET ADDRESS								
CITY - ST - ZIP	1			6.4 CITY -	SI-ZIP			

14. I hereby certify that the information supplied with this filing does proposed to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental ariffuel report is true find 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 fusted empoyered 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 alternment with an address.

SIGNATURE:

1998