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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000066683 (1)

1. Corporation Name
MERC CORPORATION

Principal Place of Business

101 E. KENNEDY BLVD.
SUITE 1030
TAMPA FL 33602

Mailing Address

101 E. KENNEDY BLVD.
SUITE 1030
TAMPA FL 33602

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
10/11/1996

2. Principal Place of Business

21 401 E. Jackson St.

Suite, Apt. #, etc.

22 Suite 2500

City & State

23 Tampa, FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 401 E. Jackson St.

Suite, Apt. #, etc.

27 Suite 2500

City & State

28 Tampa, FL

Zip

29 33602

Country

30 USA

4. FEI Number

65-0518673

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BUCHANAN, INGERSOLL P.C.
401 E. KENNEDY BLVD.
SUITE 1030
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Buchanan Ingersoll P.C.

82 Street Address (P.O. Box Number is Not Acceptable)

401 E. Jackson Street

83

Suite 2500

84 City

Tampa

FL

85 Zip Code

33602

11. Pursuant to the provisions of Sections 607.0502 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

Buchanan Ingersoll P.C. By: Linda A. Fleming, Authorized Agent

1/13/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
JACOBSON, RUSSELL
134 BRAD GATE DRIVE
THORNHILL, ONTARIO L3T7M2

DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

(416) 861-5753

Date

Daytime Phone #

CR2E034 (9/96)