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

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 90146 001 ***158.75

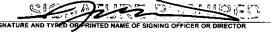
1. Corpora	UMENT # P94000 MERCE PROPERTIES, INC.	0086512				1		J
Principal P	lace of Business	Mailing Address						
1819 NO. SE ORLANDO F	EMORAN BLVD. il 32807	1819 NO. SEMORAN E ORŁANDO FL 32807	1819 NO. SEMORAN BLVD. ORŁANDO FL 32807		; DO NOT WRITE IN	I THIS SPACE		
						3. Date Incorporated or Qualifed 11/29/1994		
2. Principa	al Place of Business	2a. Mailing Address 26				4. FEI Number 59-3283968	├ ─ 	plied For t Applicable
	pt. #, etc.	Suite, Apt. #, etc.				<u> </u>	\$8.75 /	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & S	State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	28 Zip	С	ountry		This corporation owes the current y	Added t	5 Fees
24	25	29	30	-		Personal Property Tax.	☐ Yes	⊠No
	Name and Address of Current	ent Registered Agent		-		10. Name and Address of New Regis	tered Agent	
El	JLIANO, JOHN D			81	Name			
1819 N SEMORAN BLVD				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801				83				
				84	City		85 Zip 0	- Codo
							FL	
office of	or registered agent, or both, in the State	e of Florida. Such change w	as authoriz	zed by f	he corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
agent.	I am familiar with, and accept the oblig	gations of, Section 607.0505	, Florida St	tatutés.	·	,	.,	
SIGNATUR	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Register	red Agent	signature required	d when reinstating) Da	ATE	
12.		AND DIRECTORS	1:	3.	_	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D STRIANG TOURS D	☐ DELETI		TITLE			☐ Change	☐ Addition
NAME	EULIANO, JOHN D 1819 NO. SEMORAN BLVD.			NAME				
STREET ADDRE	ORLANDO FL 32807			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	011D44D01E 02007	☐ DELETE		TITLE	-217	·	Change	Addition
NAME			2.2	NAME				_
STREET ADDRE	ess		2.3	STREET	ADDRESS	•		
CITY-ST-ZIP				4 CFTY-ST	-ZIP			
TITLE		☐ DELETE		TITLE	,		Change	☐ Addition
NAME	-	•		NAME				
STREET ADDRE	SS		1	CITY-ST	ADORESS	,		
TITLE		☐ DELETE		TITLE	-ZIP		☐ Change	Addition
NAME				2 NAME			_ ,	_
STREET ADDRE	ess		4.3	STREET	ADDRESS		•	
CITY-ST-ZIP			4.4	CITY-ST-	ZIP			
TITLE		☐ DELETE		TITLE			☐ Change	☐ Addition
NAME			1	NAME				
STREET ADDRE	SS				ADDRESS			
CITY-ST-ZIP TITLE				CITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME		LI OZCETE		NAME			□ cuande	☐ vocition
STREET ADDRE	22				ADORESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



407-681-4205 Daytime Phone #