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

PROFIT CORPORATION ANNUAL REPORT

1997



LORETTA L. MERCER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 20 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000040551 (0)**

I. Corporano	A L. MERCER, INC.	1040551 (0)			
Principal Place		Mailing Address		T (MANIANT 14# INTÓL MIELY DARIT BANIE AN	AND MENTAL MENTAL MENTAL MENTAL MANAGE FINAL PRINCE
10304 TURKEY OAK DR 10304 TURKEY OAK DR NEW PORT RICHEY FL 34854 NEW PORT RICHEY FL 34			54-5840		
				3. Date Incorporated or Qualified	1
a Dr. Singler	ace of Business	2a. Mailing Address		05/22/1995 4. FEI Number	06/17/1996
2. rtolegaari	grie. In Impunitie	26		59-3323482	Applied For Not Applicable
Suite, Apt :	#, 6tc	Suite, Apt. #, etc		5, Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State	!	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(t)	Country	Zip	Country	8. This corporation has liability for	
4	[25]		30		Yes No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New F	egistered Agent
	K, RAY 4 Turkey oak dr				
NEW	PORT RICHEY FL 34654		83 City	ress (P.O. Box Number is Not Accept	FL 85 34623
office or re agent. Lar	o the provisions of Sections 607.050 egistered agent for both, in the State in fair tar with, and accept the oblig	of Horida. Such change was a	uthorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing its registered
SIGNATURE	Signaturi - typed or product rauscol in geliered age	ert and Mic Tappicoable (NOTE	Fegistered Agent signature requ	red when re-nstating)	DATE
12.	and the same of th	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
HILE NAVE	PSD Mercer, Loretta L	DELETE	1.1 TITLE 12 NAME		Change Addition
STREET ADDRESS	10304 TURKEY OAK DR		1.3 STHEET ADDRESS		
CHY ST ZIE	NEW PORT RICHEY FL 34654		1.4 CITY - ST - ZIP		
THLE		☐ DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS:			2.3 STREET ADDRESS		
CHY-ST 26°		DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME			3.2 NAME		
STECCH ACCORESS			3 3 STREET ADDRESS		
CITA 21 ST			3.4. CITY · ST - 7IP		
litte		[_] DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
Strict Aufüldsbil			4.3 STREET ADDRESS		
C Lr - S1 - 70P TOLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Band Month In	5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
City St-Zet			5.4 CHY-ST-ZIP		
TIT.F		DELETE	6.1 TITLE		Change Addition
MAM			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St Zii	in the second	of a control of the c	64 CITY - ST - ZIP		And I della and the state of th
informatio Lanu an of	n more ated on this annual report or a	supplemental annual report is to the receiver or trustee empow	ue and accurate and tha ered to execute this repo	d in Section 119.07(3)(i), Florida Statu It my signature shall have the same le Int as required by Chapter 607, Florida	gal effect as if made under path, tha