

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

DOCUMENT # P95000048539

1. Corporation Name

Merchant Plus, Inc.

Principal Place of Business

Mailing Address

296 E. Egan Hallie Cswy Indian Harbour Beach Fla 32937
296 E. Egan Hallie Cswy Indian Harbour Beach Fla 32937

2. Principal Place of Business

21 1000 N. Wickham Road

2a. Mailing Address

26 1000 N. Wickham Road

Suite, Apt. #, etc

22 Inside Wal-mart

Suite, Apt. #, etc

27 Inside Wal-mart

City & State

23 Melbourne FL

City & State

28 Melbourne FL

Zip

24 32935

Country

25 USA

Zip

29 32935

Country

30 USA

3. Name and Address of Current Registered Agent

ETTMAN, DANIEL L

296 E. Egan Hallie Cswy
Indian Harbour Bch FL
32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/19/95

4. FEI Number

593321551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax

☐ Yes

☐ No

8. Name and Address of New Registered Agent

81 Name Daniel L. Ettman

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

1000 N. Wickham Road

83 Inside Wal-mart

84 City Melbourne

FL

85 Zip Code

32935

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

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

(If 301: Registered Agent Signature to page 1 when filed filing)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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40 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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