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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMEN® OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000072322 (7) DOCUMENT #

FILED Feb 23 1998 8:00am Secretary of State

STUAH	RELINCULN-MERCURY, INC.				
Principal Plac	e of Business	Mailing Address			i majir embin drand breid bidis bibir badi
3901 S.E. FE	DERAL HIGHWAY	450 E. LAS OLAS BLVD.			
STUART FL 34997		STE. 1200		DO 1107 11077	
US		FT. LAUDERDALE FL 3330 US	η	DO NOT WRITE I	IN THIS SPACE
		03		3. Date Incorporated or Qualified 09/19/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 NO SE ST	vth St	65-0607897	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<u> </u>		CO 75 A - 50
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	1119	6. Election Campaign Financing	\$5.00 May Be
23	and the second of the second o	28 77 CHOCK	1+, 31ADR	Trust Fund Contribution	Added to Fees
Zip	Country	7p 22 2m	Country	8. This corporation owes or has paid	1-34
24	[25]		10 00H3	Personal Property Tax due June 3	
	9. Name and Address of Current	negistered Agent	81 Name	10. Name and Address of New Reg	isteree Agent
	CORPORATION SYSTEM OO S. PINE ISLAND RD.		J. Harris		
	ANTATION FL 33324		82 Street Add	lress (P.O. Box Number is Not Acceptable	8)
76	ANTANOITE 55524		B3	h	
			64 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above-named cor	poration submits this statement for the pu	rnose of changing its registered
office or r	registered agent, or both, in the State or familiar with, and accept the obligations.	of Florida. Such change was au	thorized by the corpora	ition's board of directors. I hereby accept	the appointment as registered
	un fanniar with, and accept the Orniga	tite is or, election our coloo, i for	ida Sialutes.		
PICNATURE					
SIGNATURE	Signaturii Typied or printed naise of registere Lagen	itars for if applicable (NOTE:	Rugistered Agent signature requ	ired when reinstating)	DATE
12.	Signaturin typed or printed name of registers Lagen OF LICERS AND	DIRECTORS	Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12. TITLE	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
12.	OFFICERS AND P WALLACE, WILLIAM L	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
12. TITLE	OFFICERS AND P WALLACE, WILLIAM L 1-95 & LINTON BLVD.	DIRECTORS	13. 1.1 TITLE 25 1.2 NAME 5	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
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14. Thereby 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 topposition 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: