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PROFIT CORPORATION ANNUAL REPORT

1998



LUCRIDA DEPARTMENT OF STATE

Sandra B. Mortham * *

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010385 (8)

FILED May 01 1998 8:00am Secretary of State

| MERCU | JRY ASSOCIATES, INC. | | | | | | | |
|--|--|--------------------------------|----------------------|--------------------|------------------|--|------------------------------------|--------------------------------------|
| Principal Plac | e of Business | Mailing Addres | Mailing Address | | | | 3 11 0.0100 11101 11 | 1881 1 811 1 9 1 8 |
| 852 WINDERMERE WAY 852 WINDERM | | | | | | | | |
| PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS F | | | | 8 | | DO NOT WRITE IN THIS | O COACE | |
| | | | | | | 3. Date Incorporated or Qualified | STACE | |
| | | | | | | 01/22/1996 | | |
| 2. Principal P | lace of Business | 2a. Mailing Add | 2a. Mailing Address | | | 4. FEI Number | A_(| pplied For |
| 21 | | 26 | | | | 65-0635461 | | ot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | equired |
| City & State | е | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | ⊢ — | untry | | 8. This corporation owes or has paid the c | | |
| 24] | 25 9, Name and Address of Cur | 29 rrent Registered Agent | 30 | т— | | Personal Property Tax due June 30. 10. Name and Address of New Registered | | _l No |
| 20 | BLE, LINDA B | | | 81 | Name | 10' LINEILE MILE LANGES OF LIAM LIGHTSTEIN | Main | |
| | WINDERMERE WAY | | | 82 | | | | |
| | LM BEACH GARDENS FL 334 | 118 | | | Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| | EN PENOIT OFFIDEITO I E OU | 110 | | 83 | | | | |
| | | | | | | | | |
| | | | | 84 | City | FI | 85 Zip (| Code |
| 11. Pursuant t | to the provisions of Sections 607. | 0502 and 607 1508, Flor | ida Statutes, the a | pove | e-named co | proporation submits this statement for the purpose | of changing it | ts registered |
| 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 register 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 registere agent. I am fagrilliar with, and agreent the obligations of Section 607.0505, Florida Statutes. | | | | | | | | registered |
| SIGNATURE | Bulla Dista | 101-411 | 11/11 | | ., | Maril | 12.1 | 1990 |
| | Signature, typed or publied name of registered | | (NOTE Registere | d Age | nt signature rec | (jured when reinstating) DATE | 70.7. | |
| 12. | · · · · · · · · · · · · · · · · · · · | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE | D CODIE INDA D | اا ا | DELETE 1.1 TI | | | | Change | ☐ Addition |
| NAME | SOBLE, LINDA B | | 1.2 N | | | | | ; |
| STREET ADDRESS | 852 WINDERMERE WAY PALM BEACH GARDENS F | EL 22410 | | 1.3 STREET ADDRESS | | | | ļi |
| CITY-ST-ZIP TITLE | FALM DEACH GARDENS | | | 1Y-51 | I - ZIP | | Observe | |
| NAME | | L 1 | | | | | Change | L. Addition ∫ |
| STREET ADDRESS | | | 2.2 N/ | | Ababasa | | | |
| CITY-ST-ZIP | | | 2.3 SI | | ADDRESS | <u> </u> | | |
| YITLE | | | DELETE 3.1 TI | | 1-21 | | Change | Addition |
| NAME | | | 3.2 N/ | | 1 | | - Outrigo | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | 34. C | | | | | ĺ |
| TITLE | | | DELETE 41 TE | | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | 4.2 N | AME | | | - | |
| STREET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 Ci | | | | | |
| TITLE | | | ELETE 5.1 TIT | LE | | | Change | ☐ Addition |
| NAME | | | 5.2 NA | ME | İ | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CI | 1Y-S1 | - ZIP | | | |
| TITLE | | | ELETE 6.1 TIX | LE | | | Change | ☐ Addition |
| NAME | | | 6.2 NA | ME | İ | | | |
| STREET ADDRESS | | | 6 3 ST | REET A | ADDRESS | | | |
| CITY-ST-ZIP | <u> </u> | | 6.4 Ci | | | | | |
| 14 I Dereby or | enity that the intermalian emobiles | touth this filing done not | Laualifu for the ove | | ion alatad i | in Section 110 07/2)(i) Florida Statutos, Lifurther o | and the sales and the sales | |

4. 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 informatio 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 chapged, on an attachment with an address.

on an attachmont with an address.

1/11/98 #1-124 220