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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086244 (5)

MERCURY INVESTMENT TRUST, INC.

						
Principal Plac			Mailing Address			
1701 WEST # SUITE 302	HILLSBORO BLVD.	1701 WEST HILLSBORO BLVD. SUITE 302				
	EACH FL 33442	DEERFIELD BEACH FL 33442				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
* * * * * * * * * * * * * * * * * * *		1 4 11				10/06/1997
└	lace of Business	— ~	2a. Mailing Address			4. FEI Number Applied For Not Applicable
Suite, Apt.	#. etc.	26 Suite. At	Suite, Apt. #, etc.			SR 75 Additional
22		27	⊢ 1			5. Certificate of Status Desired Fee Required
City & Stat	9	City & St	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip		Country	1	8. This corporation owes or has paid the current year Intangible	
24	25 25 Name and Address of Curr	29		30		Personal Properly Tax due June 30. Yes VNo 10. Name and Address of New Registered Agent
1.61		on nogratored Agr	, , , , , , , , , , , , , , , , , , ,	81	Name	
	MPERT, SCOTT L ESO. D1 WEST HILLSBORO BLVD.			_		
,	ITE 302			82	Street	eet Address (P.O. Box Number is Not Acceptable)
	ERFIELD BEACH FL 33442			63		
-				84	City	85 Zip Code
					′	
11. Pursuant office or r	to the provisions of Sections 607 05 ealstered agent, or both, in the Sta	502 and 607 1508, l te of Florida, Such i	Florida Statute	es, the abovi	e-named	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent I a	m familiar with, and accept the obti	igations of, Section	607.0505, Flo	rida Statute	S.	10.000
SIGNATURE	Signature, typed or punted name of registered a			D		
12.		ND DIRECTORS	(NOTE	13,	eni signalun	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 TITLE		□ Change □ Addition
NAME				1.2 NAME		JIAN GOLESTANI SS 1701 W. HILLSBORD BLVD, SUITE DE
STREET ADDRESS				1.3 STREE	ADDRESS	55 1701 W. HILLSBORD BLYD, SUITE 302
CITY-ST-ZIP			100.55	1.4 CITY-5	ST-ZIP	DEERFIGLD BEACH, FL 33442
TITLE		L	_ DELETE	2.1 TITLE		Change (Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET		SS
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP	Change Addition
NAME		_	·-	3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	ss
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	ss
CITY-ST-ZIP		······································	DELETE	4.4 CITY-5	ST - ZIP	
TITLE NAME		L	DELETE	51 TITLE		L_ Change L_ Addition
STREET ADDRESS				5.2 NAME 5.3 STREET	AUDDECC	cc
CITY-ST-ZIP				5.4 CITY - S		, v
TITLE			DELETE	6.1 TITLE	1: - CH.	Change Addition
NAME		_		6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	ss
CITY-ST. 7IP				64 City - 9	T. 71D	

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.

Day 23 1064 1717

May 05 1998 8:00am

Secretary of State