


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90239 046 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000105809					
1. Corporation Name MERCANTILE WORLDWIDE FINANCIAL SERVICES, INC.					
Principal Place of Business 7850 ALLEN ROBERTSON PL. SARASOTA FL 34240			Mailing Address 7850 ALLEN ROBERTSON PL. SARASOTA FL 34240		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1997	
21		26		4. FEI Number 65-0805812	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KRAMER, RICHARD E 7850 ALLEN ROBERTSON PL. SARASOTA FL 34240			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	KRAMER, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7850 ALLEN ROBERTSON PLACE	1.2 NAME			
CITY-ST-ZIP	SARASOTA FL 34240	1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRAMER, DEBORAH	2.2 NAME			
STREET ADDRESS	7850 ALLEN ROBERTSON PLACE	2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240	2.4 CITY-ST-ZIP			
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> DELETE	3.2 NAME			
NAME		3.3 STREET ADDRESS			
STREET ADDRESS		3.4 CITY-ST-ZIP			
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		4.2 NAME			
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS			
NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP		5.2 NAME			
		5.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
		6.4 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: Richard E. Kramer **RICHARD E. KRAMER, PRESIDENT** 4/29/99 941-371-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)