

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90208 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000434

1. Corporation Name
MCA MANAGING CO., INC.



Principal Place of Business Mailing Address
 555 EAST MAIN STREET, 17TH FLOOR 555 EAST MAIN STREET, 17TH FLOOR
 NORFOLK VA 23510 NORFOLK VA 23510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1998

4. FEI Number **APPLIED FOR 54-1879997** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONE, JORDAN E	1.2 NAME	
STREET ADDRESS	555 EAST MAIN STREET, 17TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGEL, HERBERT K	2.2 NAME	
STREET ADDRESS	505 COURT ST., 3RD FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23704	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, PAUL H	3.2 NAME	
STREET ADDRESS	555 EAST MAIN STREET, 17TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTY, CHARLES R JR	4.2 NAME	
STREET ADDRESS	555 EAST MAIN STREET, 17TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, E. R	5.2 NAME	
STREET ADDRESS	555 EAST MAIN STREET, 17TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Childers DATE: 4-1-99 DAYTIME PHONE #: (757)640-0800

CR2E034 (1/1/98)