

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **H50097 (5)**
1. Corporation Name

MCCREARY ENTERPRISES, INC.



Principal Place of Business Mailing Address
**% WILLIAM T. MCCREARY
700 CENTRAL PARKWAY
STUART FL 34994**

3. Date Incorporated or Qualified **04/02/1985** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2548079** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**MCCREARY, WILLIAM T.
700 CENTRAL PARKWAY
STUART FL 34994-9985**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

Signature, typed or printed name of registered agent and the applicable

(if 01): Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCREARY, WILLIAM T.	
STREET ADDRESS	700 CENTRAL PARKWAY	
CITY - ST - ZIP	STUART FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, PATRICK	
STREET ADDRESS	700 CENTRAL PARKWAY	
CITY - ST - ZIP	STUART FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, JEAN	
STREET ADDRESS	700 CENTRAL PARKWAY	
CITY - ST - ZIP	STUART FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SPANO, MARK	
STREET ADDRESS	700 CENTRAL PARKWAY	
CITY - ST - ZIP	STUART FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JAMES	
STREET ADDRESS	700 CENTRAL PARKWAY	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mr Mike McCreary	
23 STREET ADDRESS	8607 SW. Perry Ln	
24 CITY - ST - ZIP	Stuart, FL. 34997-7936	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Mr Tim McCreary	
33 STREET ADDRESS	8607 SW. Perry Ln	
34 CITY - ST - ZIP	Stuart, FL. 34997-7936	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Mr Scott McCreary	
43 STREET ADDRESS	8607 SW. Perry Ln	
44 CITY - ST - ZIP	Stuart, FL. 34997-7936	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Mr Tom McCreary	
53 STREET ADDRESS	8607 SW. Perry Ln	
54 CITY - ST - ZIP	Stuart, FL. 34997-7936	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Wm. A. McCreary	
63 STREET ADDRESS	3734 Monroe St.	
64 CITY - ST - ZIP	Bellaire, Ohio 43906	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Wm. T. McCreary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm. T. McCreary 7-29-96
DATE

407
287-7650
TELEPHONE NUMBER

CR2E034 (3/96)