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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H50097 (5)  
1. Corporation Name  
MCCREARY ENTERPRISES, INC.



Principal Place of Business: % WILLIAM T. MCCREARY, 700 CENTRAL PARKWAY, STUART FL 34994  
Mailing Address: % WILLIAM T. MCCREARY, 700 CENTRAL PARKWAY, STUART FL 34994-3967

3. Date Incorporated or Qualified: 04/02/1985  
3a. Date of Last Report: 08/01/1996  
4. FEI Number: 59-2548079  
5. Certificate of Status Desired: [X] \$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 (21-24) and Mailing Address (2a-30) details including Suite, Apt. #, City & State, Zip, and Country.

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 (81-84) including Name, Street Address, City, and Zip Code (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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> DELETE
NAME	MCCREARY, WILLIAM T.	
STREET ADDRESS	700 CENTRAL PARKWAY	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREARY, MIKE	
STREET ADDRESS	8607 SW PERRY LANE	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREARY, TIM	
STREET ADDRESS	7607 SW PERRY LANE	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREARY, SCOTT	
STREET ADDRESS	7607 SW PERRY LANE	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREARY, TOM	
STREET ADDRESS	8607 SW PERRY LANE	
CITY - ST - ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREARY WILLIAM	
STREET ADDRESS	3734 MONROE STREET	
CITY - ST - ZIP	BELLAIRE OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: 4-18-97 DAYTIME PHONE: 2877650

CP2E034 (9/96)