

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/02/1985	
21	26	4. FEI Number 59-2548079		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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	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	
				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	DPVS MCCREARY, WILLIAM T. 700 CENTRAL PARKWAY STUART FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCCREARY, MIKE 8607 SW PERRY LANE STUART FL	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D MCCREARY, TIM 7607 SW PERRY LANE STUART FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D MCCREARY, SCOTT 7607 SW PERRY LANE STUART FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D MCCREARY, TOM 8607 SW PERRY LANE STUART FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	D MCCREARY, HELEN 3734 MONROE STREET BELLAIRE OH	<input checked="" type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			2.3 STREET ADDRESS 8607 SW Perry LN
			2.4 CITY-ST-ZIP 8607 SW Perry LN
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.3 STREET ADDRESS 8607 SW Perry LN
			3.4 CITY-ST-ZIP 8607 SW Perry LN
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.3 STREET ADDRESS 8607 SW Perry LN
			4.4 CITY-ST-ZIP 8607 SW Perry LN
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS 8607 SW Perry LN
			5.4 CITY-ST-ZIP 8607 SW Perry LN
			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			6.2 NAME MCCREARY, HELEN
			6.3 STREET ADDRESS 3734 MONROE ST
			6.4 CITY-ST-ZIP Bellaire Ohio 43906

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **4.12.98 5612877650**

CF2E034 (10/97)