

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L32855**

1. Corporation Name  
**MCF, INC.**

Principal Place of Business <b>3820 State Street Santa Barbara, CA 93105</b>	Mailing Address <b>c/o Mary Yumbe 3820 State Street Santa Barbara, CA 93105</b>
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3. Date Incorporated or Qualified <b>11/30/89</b>	3a. Date of Last Report <b>1996</b>
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21. Principal Place of Business State, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <b>65-0163453</b>	Applied For <input type="checkbox"/> Not Applicable
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Denny DeNarvaez</b>		1.2 NAME	
STREET ADDRESS <b>6701 West Sunrise Blvd.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>Plantation, FL 33313</b>		1.4 CITY-ST-ZIP	
TITLE <b>EVP/CFO</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Trevor Fetter</b>		2.2 NAME	<b>400002160234</b>
STREET ADDRESS <b>3820 State Street</b>		2.3 STREET ADDRESS	<b>-04/30/97--01056--005</b>
CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>		2.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE <b>SVP/S/D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Scott M. Brown</b>		3.2 NAME	
STREET ADDRESS <b>3820 State Street</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>		3.4 CITY-ST-ZIP	
TITLE <b>V/T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Terence P. McMullen</b>		4.2 NAME	
STREET ADDRESS <b>3820 State Street</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>		4.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Alan Lundgren</b>		5.2 NAME	
STREET ADDRESS <b>3820 State Street</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>Santa Barbara, CA 93105</b>		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 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: **Scott M. Brown, Secretary** 4/25/97 805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)