

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 MAR -4 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L32855 (3)  
1. Corporation Name  
MCF, INC.



Principal Place of Business: 3820 STATE STREET, C/O MARY YUMIBE, SANTA BARBARA CA 93105  
Mailing Address: 3820 STATE STREET, C/O MARY YUMIBE, SANTA BARBARA CA 93105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/30/1989

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0163453		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25. Country		30. Country				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DENAVARAEZ, DENNY		1.2 NAME	900002448679--8			
STREET ADDRESS	6701 WEST SUNRISE BLVD		1.3 STREET ADDRESS	-03/05/98--01114--023			
CITY-ST-ZIP	PLANTATION FL 33313		1.4 CITY-ST-ZIP	****150.00 ****150.00			
TITLE	CFOV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FETTER, TREVOR		2.2 NAME				
STREET ADDRESS	3820 STATE STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		2.4 CITY-ST-ZIP				
TITLE	SVSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROWN, SCOTT M		3.2 NAME				
STREET ADDRESS	3820 STATE STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		3.4 CITY-ST-ZIP				
TITLE	VI	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCMULLEN, TERENCE P		4.2 NAME				
STREET ADDRESS	3820 STATE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		4.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUNDGREN, ALAN		5.2 NAME				
STREET ADDRESS	3820 STATE STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 2/26/98 805/563-7075

CP2E034 (10/97)