

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P23163 (9)
1. Corporation Name
MCAVA REAL ESTATE, INC.



Principal Place of Business 3612 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	Mailing Address 3612 W HILLSBORO BLVD DEERFIELD BEACH FL 33442
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 54-1367586		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent ALONSO, KATHY 3612 WEST HILLSBORO BLVD DEERFIELD BEACH FL 33442				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

Stephen Alonso

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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
---	--	--	--

SIGNATURE *Stephen Alonso, President* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	21847 PINE TRACE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	BOCA RATON FL	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	ALONSO, STEPHEN M.	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	21847 PINE TRACE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	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.

SIGNATURE *Stephen Alonso*

CR2E034 (10/97)