

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 JAN 25 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081727 (7)

1. Corporation Name

M.C.S. ENTERPRISES, INC.

Principal Place of Business
1613 CARILLON PARK DR
OVIEDO FL 32765

Mailing Address
1613 CARILLON PARK DR
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report

4. FEI Number
59-3287703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARIRI, MEHRDAD
1613 CARILLON PARK DR
OVIEDO FL 32765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HARIRI, MEHRDAD
STREET ADDRESS 1613 CARILLON PARK DR
CITY-ST-ZIP OVIEDO FL 32765

1.1 TITLE PRES./ DIR. ☒ Change ☐ Addition

TITLE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Sec./ Treas.
Maria C. Salgueiro
1613 Carillon Park Dr.
Oviedo, FL 32756 ☒ Change ☐ Addition

TITLE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Mehrdad Hariri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mehrdad Hariri

1-06-95

Date

(407) 366-4124

Daytime Phone #