

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P95000036313  
 1. Corporation Name  
**McCreary Corporation**

Principal Place of Business <b>700 Central Parkway                  Stuart, FL 34994</b>	Mailing Address <b>700 Central Parkway                  Stuart, FL 34994</b>
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2. Principal Place of Business	2b. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>5/9/95</b>	3a. Date of Last Report <b>8/2/96</b>
4. FEL Number <b>59-3318934</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**Robert B. Finch**  
**1000 Riverside Avenue**  
**Jacksonville, FL 32204**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	William T. McCreary	
STREET ADDRESS	700 Central Parkway	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	D/C	<input type="checkbox"/> DELETE
NAME	William R. Russell	
STREET ADDRESS	1000 Riverside Avenue	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Steven R. Smith	
STREET ADDRESS	1000 Riverside Avenue	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Robert B. Finch	
STREET ADDRESS	1000 Riverside Avenue	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Markus Mueller	
STREET ADDRESS	9716 San Jose Blvd., Suite 200	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D/V/T	<input type="checkbox"/> DELETE
NAME	Patrick M. Bowen	
STREET ADDRESS	700 Central Parkway	
CITY-ST-ZIP	Stuart, FL 34994	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

**400002165334**  
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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 as an attachment with an address.

**SIGNATURE:** *Patrick M. Bowen* Patrick M. Bowen **4/29/97** (561) 287-7650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**1997 CORPORATION ANNUAL REPORT  
CONTINUATION OF OFFICERS & DIRECTORS**

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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>Jean Becker</b> <b>700 Central Parkway</b> <b>Stuart, FL 34994</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V/S</b> <b>James Davis</b> <b>700 Central Parkway</b> <b>Stuart, FL 34994</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>Mark Spano</b> <b>700 Central Parkway</b> <b>Stuart, FL 34994</b>