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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000042278 (8)

1. Corporation Name

JOHN MCCLELLAND, INC.



Principal Place of Business

Mailing Address

8200 S.W. 108 STREET
MIAMI FL 33156

8200 S.W. 108 STREET
MIAMI FL 33156-3536

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/31/1995

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0585554

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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, for the purpose of and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

John McClelland

(NOTE: Registered Agent signature required when resigning)

3-17-97

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY - ST - ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY - ST - ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY - ST - ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY - ST - ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY - ST - ZIP

11.25 TITLE

11.26 NAME

11.27 STREET ADDRESS

11.28 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY - ST - ZIP

14. I, the undersigned, 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 contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John McClelland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97

305-2759685

Date

Daytime Phone #

0213021

CR2E034 (9/96)