FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **S54286** **(7)**

1. Corporation Name

MCRG INVESTMENTS, INC.

Principal Place of Business
20 W KALEY STREET
ORLANDO FL 32806

Mailing Address
20 W KALEY STREET
ORLANDO FL 32806

3. Date Incorporated or Qualified	3a. Date of Last Report
05/22/1991	**04/18/1995**

4. FEI Number	Applied For
59-3077495	Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent

CLAYMAN, ALLAN S M.D.
20 W KALEY STREET
ORLANDO FL 32806

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 _____

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 **SD** ☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **GEORGE, CHARLES W MD**	1.2 NAME		
STREET ADDRESS **20 W KALEY STREET**	1.3 STREET ADDRESS		
CITY-ST-ZIP **ORLANDO FL**	1.4 CITY-ST-ZIP		
TITLE **STD** ☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **ELISCU, EDWARD H MD**	2.2 NAME		
STREET ADDRESS **20 W KALEY STREET**	2.3 STREET ADDRESS		
CITY-ST-ZIP **ORLANDO FL**	2.4 CITY-ST-ZIP		
TITLE **PD** ☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME **CLAYMAN, ALLAN S M D**	3.2 NAME		
STREET ADDRESS **20 W KALEY STREET**	3.3 STREET ADDRESS		
CITY-ST-ZIP **ORLANDO FL**	3.4 CITY-ST-ZIP		
TITLE **SD** ☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME **QUINN, THOMAS E MD**	4.2 NAME		
STREET ADDRESS **20 W KALEY STREET**	4.3 STREET ADDRESS		
CITY-ST-ZIP **ORLANDO FL**	4.4 CITY-ST-ZIP		
TITLE **SD** ☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME **GREENBAUM, LENNARD D MD**	5.2 NAME		
STREET ADDRESS **20 W KALEY STREET**	5.3 STREET ADDRESS		
CITY-ST-ZIP **ORLANDO FL**	5.4 CITY-ST-ZIP		
TITLE **SD** ☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME **COLVIN, L JOSEPH MD**	6.2 NAME		
STREET ADDRESS **20 W KALEY STREET**	6.3 STREET ADDRESS		
CITY-ST-ZIP **ORLANDO FL**	6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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: *Allan Clayman MD*   6/1/96   (407)423-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #