

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000080383 (9)**

1. Corporation Name:  
**MCM BUSINESS INC.**

Principal Place of Business  
**2220 NW 33RD TERRACE**  
**COCONUT CREEK FL 33066**

Mailing Address  
**2220 NW 33RD TERRACE**  
**COCONUT CREEK FL 33066-2226**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>1605 SANDY RIDGE DR.</b>		26 <b>1605 SANDY RIDGE DR.</b>		<b>10/19/1995</b>	<b>05/01/1996</b>
22 Suite, Apt. #, etc. <b># R-202</b>		27 Suite, Apt. #, etc. <b># R-202</b>		4. FEI Number	Applied For
23 City & State <b>TAMPA, FL</b>		28 City & State <b>TAMPA, FL</b>		<b>65-0613623</b>	Not Applicable
24 Zip <b>33603</b>	Country <b>HILLSBOROUGH</b>	29 Zip <b>33603</b>	Country <b>HILLSBOROUGH</b>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 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				10. Name and Address of New Registered Agent			
<b>SHAIFUZZAMAN, S M</b> <b>2220 NW 33RD TERRACE</b> <b>COCONUT CREEK FL 33066</b>				81 Name <b>SHAIFUZZAMAN, S. M.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1605 SANDY RIDGE DR. # R-202</b> 83 <b>TAMPA,</b> 84 City <b>TAMPA,</b> <b>FL</b> 85 Zip Code <b>33603</b>			

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 *Shai* **S.M. SHAIFUZZAMAN / PRES.** DATE **4-20-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAIFUZZAMAN, S M</b>	1.2 NAME	
STREET ADDRESS	<b>2220 NW 33RD TERRACE</b>	1.3 STREET ADDRESS	<b>1605 SANDY RIDGE DR. # R-202</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL 33066</b>	1.4 CITY - ST - ZIP	<b>TAMPA, FL - 33603</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE:

*Shai*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-97 (813) 231-2956**

Date Daytime Phone #

CR2E034 (9/96)