

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 381016 (5)  
1. Corporation Name  
MCNAMARA FINANCIAL SERVICES, INC.

Principal Place of Business  
1010 W. COLONIAL DR.  
ORLANDO FL 32804

Mailing Address  
P.O. BOX 3269  
ORLANDO FL 32802  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1346754	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HADD, DENNIS L. 688 SWEETWATER ISLAND CIRCLE LONGWOOD FL 32779		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	MCNAMARA, SR., DENNIS C	12 NAME	
STREET ADDRESS	1740 TRUMBERRY TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	Change Addition
NAME	MCNAMARA, HAL B.	22 NAME	
STREET ADDRESS	1023 GOLFVIEW ST.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	Change Addition
NAME	HADD, DENNIS L.	32 NAME	
STREET ADDRESS	888 SWEETWATER ISLAND CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	Change Addition
NAME	MCINVALE, JR., WILLIE K	42 NAME	
STREET ADDRESS	1400 ARTHUR STREET	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 my attachment with an address.

SIGNATURE: *Dennis L. Hadd* 2/10/98 407-422-4154

CR2E034 (10/97)