4-17-98 B 5004 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 419515 (2) MCH GROUP, INC. Principal Place of Business Mailing Address 1448 FAIRWAY DRIVE 1448 FAIRWAY DRIVE DUNEDIN FL 34698 **DUNEDIN FL 34698** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/16/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1441896 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zio Country Zip Personal Property Tax due June 30. 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HUTFILZ, MARTIN C. 1448 FAIRWAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 83 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. Tan Imiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE NOTE: Registered Agent signature required when reinstating 12. 13. DELETE 1 1 TITLE Change TITLE HUTFILZ, MARTIN NAME 12 NAME 1448 FAIRWAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE __ Change Addition 5 1 TITLE TIFLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE Change THILE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 chapted, or on an attachment with an address.

SIGNATURE:

4-10-98