

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

FILED

Feb 28 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 # 542959 (2)

1. Corporation Name
MCK REAL ESTATE EDUCATION CENTERS, INC.

Principal Place of Business
7100 W. COMMERCIAL BLVD.
FT LAUDERDALE FL 33319
US

Mailing Address
ATTN E. KLEMENTS
P O BOX 6600
CLEARWATER FL 34618-6600
US



2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
08/15/1977

3a. Date of Last Report
04/09/1996

4. FEI Number

59-1766781

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MORRIS A LECOMPT, ESQ~~
~~100 SECOND AVENUE SOUTH~~
~~CITY CENTER 12TH FLOOR~~
~~ST PETERSBURG FL 33701~~

81 Name

Jill Fisher Powers-Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

19353 US HWY 19 N.

83

Suite 100

84 City

Clearwater

FL

85 Zip Code

34624

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 Jill Fisher Powers, Esquire

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS COPE, RICHARD W.
CITY - ST - ZIP 19353 US HWY 19 N S100
CLEARWATER FL

TITLE ☐ DELETE
NAME DS
STREET ADDRESS TOOKE, EDWIN C.
CITY - ST - ZIP 19353 US HWY 19 N S100
CLEARWATER FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MUELLER, JAMES G.
CITY - ST - ZIP 7100 COMMERCIAL BLVD.
FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME TAS
STREET ADDRESS STICCO, LEWIS A
CITY - ST - ZIP 19353 US HWY 19 N S100
CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Lewis A. Sticco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 538-5468

CR2E034 (9/96)