FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **562452** **(3)**

1. Corporation Name
MCARED, INC.

Principal Place of Business	Mailing Address
C/O MCMAHON 60 E. 42ND ST STE. 2118 NEW YORK NY 10165 US	C/O MCMAHON 60 E 42ND ST. STE. 2118 NEW YORK NY 10165 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1978
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business	2a. Mailing Address
21 % MCANY REALTY	26 % MCANY REALTY
Suite, Apt. #, etc. 22 PO DRAWER C	Suite, Apt. #, etc. 27 PO DRAWER C
City & State 23 WOODBURY CT	City & State 28 WOODBURY CT
Zip / Country 24 06798 / 25	Zip / Country 29 06798 / 30

4. FEI Number: 59-1808425 ☐ 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

SILVERMAN, BENEDICT
16469 BRIDLEWOOD CIRCLE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: SILVERMAN BENEDICT
82 Street Address (P.O. Box Number is Not Acceptable): 3611 W. HILLSBORO BLVD
83
84 City: DEERFIELD BCH FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, 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: X _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, BENEDICT	12 NAME	
STREET ADDRESS	3612 W. HILLSBORO BLVD.	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BCH. FL	14 CITY ST ZIP	33442
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ROSS, HOWARD	22 NAME	
STREET ADDRESS	21 E. 40TH ST.	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Capacity

0473712 FP