


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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 607363 (9)		
1. Corporation Name MCCARTHY ENTERPRISES, INC.		

Principal Place of Business 113 PONCE DE LEON CIRCLE PONCE INLET FL 32127	Mailing Address 113 PONCE DE LEON CIRCLE PONCE INLET FL 32127
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

g. Name and Address of Current Registered Agent	
MCCARTHY, JOHN M 113 PONCE DE LEON CIRCLE PONCE INLET FL 32127	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCCARTHY, JOHN M
STREET ADDRESS	113 PONCE DE LEON CIRCLE
CITY - ST - ZIP	PONCE INLET FL
TITLE	DST
NAME	MCCARTHY, LINDA A
STREET ADDRESS	113 PONCE DE LEON CIRCLE
CITY - ST - ZIP	PONCE INLET FL
TITLE	DV
NAME	MCCARTHY, DOUGLAS P
STREET ADDRESS	550 SCOTT DR.
CITY - ST - ZIP	ORMOND BCH FL 32174
TITLE	DAT
NAME	MCCARTHY, MARIA
STREET ADDRESS	550 SCOTT DR.
CITY - ST - ZIP	ORMOND BCH FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 an attachment with an address.

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 01/22/1979	
4. FEI Number 59-1875776	Applied For Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

SIGNATURE: *[Signature]* 1/28/98 904.760.6320

CR2E034 (10/97)