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 26 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **646219** **(6)**

1. Corporation Name
MCB, INC. #1

Principal Place of Business	Mailing Address
260 CLARKE AVENUE PALM BEACH FL 33480 US	260 CLARKE AVENUE PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/27/1979**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21: 345 N. LAKE WAY
Suite, Apt. #, etc. (22):
City & State (23): PALM BEACH FLA
Zip (24): 33480 Country (25): USA

2a. Mailing Address
26:
Suite, Apt. #, etc. (27): SAME
City & State (28):
Zip (29): Country (30):

4. FEI Number: **59-2121517** ☐ 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

BURROWS, MICHAEL C.
410 N. LAKE WAY
PALM BEACH FL 33480

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

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 _____ 4/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	☐ Change ☐ Addition
NAME	BURROWS, MICHAEL C.	1.2 NAME	345 N. LAKE WAY,
STREET ADDRESS	125 WORTH AVENUE	1.3 STREET ADDRESS	PALM BEACH FLA 3348.
CITY-ST-ZIP	PALM BEACH, FL 33480	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☒ Change ☐ Addition
NAME	BURROWS, MICHAEL C	2.2 NAME	
STREET ADDRESS	125 WORTH AVENUE	2.3 STREET ADDRESS	same as above
CITY-ST-ZIP	PALM BEACH, FL 33480	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, RITA	3.2 NAME	
STREET ADDRESS	125 WORTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, SUSAN (SUSAN MILLER)	4.2 NAME	~~SUE~~ 1202 MAYWOOD COURT
STREET ADDRESS	~~125 WORTH AVENUE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BEACH, FL 33480~~	4.4 CITY-ST-ZIP	MARIETTA, GEORGIA 30062
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify 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 on an attachment with an address.

SIGNATURE: _____ 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E107 OP