


**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90050 047 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 740788</b> 1. Corporation Name <b>MCCLAIN, INC.</b>		
Principal Place of Business 7211 N. DALE MABRY HWY SUITE 210 TAMPA FL 33614 US	Mailing Address 7211 N. DALE MABRY HWY SUITE 210 TAMPA FL 33614 US	



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 11/16/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1846986
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  CHANDA, TIMONTHY S. 1416 W. ALICIA AVE. TAMPA FL 33604	10. Name and Address of New Registered Agent 81 Name <b>MARY NELSON</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>3404 LACEWOOD Rd.</b> 83 84 City <b>TAMPA</b> FL 85 <b>33618</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: X Mary C. Nelson, president  
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: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHANDA, TIMONTHY S.		1.2 NAME	
STREET ADDRESS: 1416 W. ALICIA AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33604		1.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, MARY		2.2 NAME	<b>PRESIDENT MARY D</b>
STREET ADDRESS: 3404 LACEWOOD ROAD		2.3 STREET ADDRESS	<b>3404 LACEWOOD Rd</b>
CITY-ST-ZIP: TAMPA FL		2.4 CITY-ST-ZIP	<b>TAMPA FL 33618</b>
TITLE: TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RIDER, WILLIAM		3.2 NAME	<b>TINA ELOIAN MESROPIAN</b>
STREET ADDRESS: 4041 PRIORITY CIR.		3.3 STREET ADDRESS	<b>5700 S. MARINER APT. 806-W</b>
CITY-ST-ZIP: TAMPA FL 33624		3.4 CITY-ST-ZIP	<b>TAMPA, FLORIDA 33609</b>
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIGGS, PATRICIA B.		4.2 NAME	<b>TREASURER RIGGS PATRICIA B.</b>
STREET ADDRESS: 3419 LACEWOOD RD.		4.3 STREET ADDRESS	<b>3419 LACEWOOD Rd</b>
CITY-ST-ZIP: TAMPA FL 33618		4.4 CITY-ST-ZIP	<b>TAMPA FL 33618</b>
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SENIOR, JOAN		5.2 NAME	<b>SECRETARY SENIOR JOAN</b>
STREET ADDRESS: 4168 NORTHMEADOW CIR.		5.3 STREET ADDRESS	<b>4168 NORTHMEADOW CIRCLE</b>
CITY-ST-ZIP: TAMPA FL 33624		5.4 CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME	<b>(D) FALCONE, LOIS</b>
STREET ADDRESS:		6.3 STREET ADDRESS	<b>13004 VILLAGE CHASE CIRCLE</b>
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X MARY C. NELSON, president (813) 930-0088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

CR2E037 (1/198)