

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 853600 (5)

1. Corporation Name

MCDAY CORPORATION

95 JAN 19 AM 10:58

Principal Place of Business

2001 WILSHIRE BLVD. #216
SANTA MONICA CA 90403

Mailing Address

2001 WILSHIRE BLVD. #216
SANTA MONICA CA 90403

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/29/1982

3a. Date of Last Report

01/31/1994

4. FEI Number

95-2633565

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

27

Zip

Country

9. Name and Address of Current Registered Agent

KATZ, MICHAEL D., ESQ.
2699 SOUTH BAYSHORE DR. SUITE 700A
MIAMI FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SVP
MALAT, WM.
2001 WILSHIRE BLVD. #216
SANTA MONICA, CA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
ROGERS, ALLAN
2001 WILSHIRE BLVD. #216
SANTA MONICA, CA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
ROGERS, JEFFREY
2001 WILSHIRE BLVD. #216
SANTA MONICA, CA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
ROGERS, LOUIS
2001 WILSHIRE BLVD. #216
SANTA MONICA, CA 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM MALAT

1/11/95

(310) 829-2921