FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005206 (6)**

1. Corporation Name
MCDW CORPORATION

Principal Place of Business
3510 WILDERNESS TR
LOUISVILLE KY 40299

Mailing Address
3510 WILDERNESS TR
LOUISVILLE KY 40299

3. Date Incorporated or Qualified: **08/17/1995**

3a. Date of Last Report:

4. FEI Number: **88-0334557** [ ] 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. Is corporation liable for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent
COTHRAN, MONICA L
1610 BECK AVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, Florida Statutes, the undersigned 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

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	DAVISON, JASON	
STREET ADDRESS	1330 ROYAL CREST	
CITY-ST-ZIP	ELKO NV 89801	
TITLE	S	[ ] DELETE
NAME	MCKECHNIE, THOMAS	
STREET ADDRESS	3510 WILDERNESS TR	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	T	[ ] DELETE
NAME	WIGGINS, SHAWN	
STREET ADDRESS	255 CIRCLE DR	
CITY-ST-ZIP	RENO NV 89509	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Add
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	[ ] Change [ ] Add
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	[ ] Change [ ] Add
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	[ ] Change [ ] Add
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	[ ] Change [ ] Add
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	[ ] Change [ ] Add
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this form is accurately furnished and does not violate any of the provisions of 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 this annual report has been signed, affirmed and 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, or is the registered agent in Block 10.

SIGNATURE: X Jason C Davison — X 4-4-96 — X (502) 738-8562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)