SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F96000000358 (9)**

1. Corporation Name
MCCOY REALTY GROUP, INC.

Principal Place of Business	Mailing Address
375 PARK AVE #3409 NEW YORK NY 10152	375 PARK AVE #3409 NEW YORK NY 10152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1996

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

4. FEI Number: 13-3858073 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PASSMORE, KEN
CORP PLAZA OF DEERWOOD
8647 BAYPINE RD #102
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: JOSEPH ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 4175 E. BAY DRIVE #100
83 CLEARWATER, FL. 34624
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] 9/23/98
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	DCP	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	MCCOY, RICHMOND S		1.2 NAME		
STREET ADDRESS	301 THORNTON CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER NJ 07020		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	—	☐ Change ☐ Addition
NAME	~~PASSMORE, KEN~~ ANNA MARIA McCoy		2.2 NAME		
STREET ADDRESS	~~4060 WATERWAY CT~~ 218 W. 138 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL 32223~~ N.Y. N.Y. 10030		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	LACHMAN, MINA		3.2 NAME		
STREET ADDRESS	444 MADISON AVE #3105		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022-6903		3.4 CITY-ST-ZIP		
TITLE	ANNA MARIA McCoy	☐ DELETE	4.1 TITLE	V. PRES/TREASURER	☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	218 W. 138 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, N.Y. 10030		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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.

SIGNATURE: [signature] 8/20/98