

PROFIT  
CORPORATION  
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002929

1. Corporation Name  
MCG GROUP, INC.

Principal Place of Business  
3900 VETERANS HIGHWAY SUITE 171  
BOHEMIA NY 11716

Mailing Address  
3900 VETERANS HIGHWAY SUITE 171  
BOHEMIA NY 11716

FILED  
Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90018 031 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		05/22/1998		11-3325641		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		Yes		No	
23		28							
Zip		Country		Zip		Country			
24		25		29		30			

9. Name and Address of Current Registered Agent

FRANK, BRENDA  
6010 NW 99th Ave  
Parkland, FL 33076

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	FRANK, BRENDA	1.2 NAME	
STREET ADDRESS	6010 NW 99th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Parkland, FL 33076	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	FRANK, MONICA L	2.2 NAME	
STREET ADDRESS	39 SOUTH SNEDECOR AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYPORT NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Monica L. Frank 5-1.00