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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G08366** (8)
1. Corporation Name
MCK, INC.



Principal Place of Business: 2500 NW 10TH STREET SUITE 101 OCALA FL 34475 US
Mailing Address: 2500 NW 10TH STREET SUITE 101 OCALA FL 34475-5760 US

3. Date Incorporated or Qualified: 11/16/1982
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2244559
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: 21 607 N.W. 27th AVE. Suite, Apt. #, etc.: 22
2a. Mailing Address: 26 703 S.E. 28th Pl. Suite, Apt. #, etc.: 27
23 City & State: OCALA, FL
28 City & State: OCALA, FL
24 Zip: 34475 Country: US
29 Zip: 34471 Country: US

9. Name and Address of Current Registered Agent: KROTCHKE, MAX 2500 N.W. 10TH STREET SUITE 101 OCALA FL 34475

10. Name and Address of New Registered Agent: 81 Name: KROTCHKE, MAX
82 Street Address (P.O. Box Number is Not Acceptable): 703 S.E. 28th PLACE
83
84 City: OCALA, FL 85 Zip Code: 34471

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: *Max Krotchke* - MAX KROTCHKE DATE: 1-28-97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PST <input type="checkbox"/> DELETE |
| NAME | KROTCHKE, MAX |
| STREET ADDRESS | 2500 N.W. 10TH STREET SUITE 101 |
| CITY - ST - ZIP | OCALA, FL 00000 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | PST <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | KROTCHKE, MAX |
| 1.3 STREET ADDRESS | 703 S.E. 28th PLACE |
| 1.4 CITY - ST - ZIP | OCALA, FL 34471 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Max Krotchke* MAX KROTCHKE 1-28-97 352-732-2047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)