

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G08366** (8)
1. Corporation Name
MCK, INC.

Principal Place of Business 607 NW 27TH AVENUE SUITE 101 OCALA FL 34475 US	Mailing Address 703 SE 28TH PLACE SUITE 101 OCALA FL 34471 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 607 N.W. 27TH AVENUE		2a. Mailing Address 26 703 S.E. 28TH PLACE		3. Date Incorporated or Qualified 11/16/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2244559	
22 City & State OCALA, FL		27 City & State OCALA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 34475		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34475		25 USA		29 34471	
		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KROTCHKE, MAX
703 SE 28TH PLACE
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,
85 Zip Code FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 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 and changed, or on an attachment with an address.

SIGNATURE: **Max Krotchke** **MAX KROTCHKE** **4998** **352-732-2047**

CR2E034 (10/97)