FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H32725** **(4)**

1. Corporation Name

M.C.A. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
23137 L'ERMITAGE CIR BOCA RATON FL 33433	23137 L'ERMITAGE CIR BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/05/1984	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 23012 L'ERMITAGE Ci	26 23012 L'ERMITAGE Ci
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON FLA	28 City & State: BOCA RATON FL.
24 Zip: 33433 25 Country: P.B.	29 Zip: 33433 30 Country: P.B

4. FEI Number: 59-2679274 ☐ 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 has liability for intangible tax (under § 199.032 Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILBERGLEIT, DAVID C 1032 NE 176 TERR. N MIAMI BEACH FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	KRASNER, FRAN	12 NAME	KRASNER, FRAN	
STREET ADDRESS	23137 L'ERMITAGE CIR	13 STREET ADDRESS	23012 L'ERMITAGE Ci	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	21 TITLE	D	☐ Change ☐ Addition
NAME	KRASNER, JULES P	22 NAME	KRASNER JULES	
STREET ADDRESS	23137 L'ERMITAGE CIR	23 STREET ADDRESS	23012 L'ERMITAGE Ci	
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	Boca Raton FL 33433	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: _____ 4/22/95 407 750 0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261926 CP