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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H42843

(3)

MCKAY BOULEVARD PROPERTIES, INC.

Feb 17 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address	,			IF OFBIT BIOLD BIBLE BIBLE DID	JII BIBII IBBI
C/O C. VICTOR BUTLER. JR. 1218 E. ROBINSON ST. ORLANDO FL 32801		C/O C. VICTOR BUTLER, JR. 1218 E. ROBINSON ST. ORLANDO FL. 32801		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
Bringing D	Hanna of Phanasan	1 4 - 14 - 1 - 1 - 1			02/15/1985		
2. Principal Place of Business 21 3185 5. Conwan Rd.		26. Mailing Address 26 3185 S. Conway Rd.		4. FEI Number Applied For			
21 3/83 3. Conway Kd.		Suite, Apt. #, etc		37:5400602	 \$9.75	lot Applicable Additional	
22 Sente E		27 Suite E		Certificate of Status Desired		Required	
City & State 23 Oxlando Fl		28 Oslando FL		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 3281	2 Country 2 Drange	29 32-812	Country	lando	This corporation owes or has pa Personal Property Tax due June		ntangible
	9. Name and Address of Current		1301 070	wiac	10. Name and Address of New Re		
BUTLER, C. VICTOR, JR. 81 Name							
1218 E. ROBINSON ST.			82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
ORLANDO FL 32801			63				
			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							
	Stignature: type 1 or printed many of registere diagram	the state of the s		ent signature req	urred when reinstating)	DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR Change	RS IN 12
NAME	BECKER, DAVID R.		1.2 NAME		Plante George		- Adultion
STREET ADDRESS	1847 NORTH ST.			r address	102 Winter Spring	Blud	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		linter Sorines FL	•	j
TITLE	SD DELETE 2.11		2.1 TITLE	TA	resurer D	☐ Change	∠ Addition
NAME	BECKER, ANGELA E.		2.2 NAME		Planto Lois		
STREET ADDRESS	1847 NORTH ST.		2.3 STREET	ADDRESS ,	102 Winter Springs B	'led	ļ
CITY-ST-ZIP	LONGWOOD FL	T become	2. 4 CITY -	ST-ZIP	Vinter Springs FL	<u></u>	
TITLE		☐ DELETE	3.1 TITLE		,	Change	☐ Addition
NAME			3.2 NAME				i
STREET ADDRESS			3 3 STREET				
CITY+ST-ZIP TITLE		DELETE	3.4. CITY-	SI-ZIP		Change	Addition
NAME			4. 2 NAME			C. C. C. G.	- 7,20,000
STREET ADDRESS			4.3 STREES	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELFTE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City - 9	ST-ZIP			
TITLE		DELETE	6 1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
LITTANIA 7P			■ 6 4 City 4	1.71D I			- 1

14. Thereby 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 13 if chapted, or on an attachment with an address