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Apr 22 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 # H51132 (9)

1. Corporation Name
MCM ASSOCIATES, INC.



Principal Place of Business
2001 SW 20 STREET
FORT LAUDERDALE FL 33315
US

Mailing Address
2001 SW 20 STREET
FORT LAUDERDALE FL 33315-1826
US

3. Date Incorporated or Qualified 04/08/1985	3a. Date of Last Report 08/06/1996
4. FEI Number 59-2595069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent HUFF, RICHARD E 2001 SW 20TH STREET FORT LAUDERDALE FL 33315	10. Name and Address of New Registered Agent 81 Name PATRICIA MANDEL 82 Street Address (P.O. Box Number is Not Acceptable) 2001 SW 20 ST. 83 84 City FT. LAUDERDALE, FL 85 Zip Code 33315
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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: Patricia Mandel PATRICIA MANDEL 4/15/97
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PV <input checked="" type="checkbox"/> DELETE	NAME HUFF, RICHARD E	1.1 TITLE P15/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2001 SW 20TH STREET		1.2 NAME MANDEL, PATRICIA	
CITY-ST-ZIP FORT LAUDERDALE FL		1.3 STREET ADDRESS 4611 S UNIVERSITY DR, #211	
TITLE S <input checked="" type="checkbox"/> DELETE	NAME NICHOLS, DIANE	1.4 CITY-ST-ZIP DAVID, FL. 33328	
STREET ADDRESS 2001 SW 20 STREET		2.1 TITLE VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP FORT LAUDERDALE FL		2.2 NAME BROWN, PETER R.	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	2.3 STREET ADDRESS 4776 GROSVENOR	
NAME		2.4 CITY-ST-ZIP MONTREAL, QUE. CANADA H3W 2L8	
STREET ADDRESS		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		3.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		5.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		6.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
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: Patricia Mandel PATRICIA MANDEL 4/15/97 954 522-3655
Date Daytime Phone #

CR2E034 (9/96)