## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



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

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**DOCUMENT # H99871** 

(6)

| M.C. DRUGS, INC.  **rricipal Place of Business  ** ALAN SMCICH 228 U.S. HWY ONE LAKE PARK FL 33403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Mailing Address<br>% ALAN SIMCICH<br>228 U.S. HWY ONE<br>LAKE PARK FL 3340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | % ALAN SIMCICH<br>228 U.S. HWY ONE                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                    |  |
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| EARL FRIIT FE WYOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DINE FARINTE SOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                              | <ol> <li>Date Incorporated or Qualified<br/>02/18/1986</li> </ol>                      | 3a. Date of Last Report<br>03/21/1995                                                                                              |  |
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2a. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              | 4. FEI Number                                                                          | Applied For                                                                                                                        |  |
| 0.22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              | 59-2675470                                                                             | Not Applicat                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              | 5. Certificate of Status Desired                                                       | \$8.75 Additional Fee Required                                                                                                     |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                              | Election Campaign Financing     Trust Fund Contribution                                | □ \$5.00 May Be<br>Added to Fees                                                                                                   |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                                                                                                                                                                                                                                                                                                      | 8. This corporation has liability for                                                  | or intangible tax under s 199.032,                                                                                                 |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | es 🗆 No                                                                                                                            |  |
| 9. Name and Address of 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 041 1/                                                                                                                                                                                                                                                                                                                                                                                       | 10. Name and Address of New                                                            | Registered Agent                                                                                                                   |  |
| CIRCUCAL AL FAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 81 Name                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                                                                                                    |  |
| SIMCICH, ALAN<br>228 U.S. HWY ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 82 Street Ad                                                                                                                                                                                                                                                                                                                                                                                 | dress (P.O. Box Number is Not Accept                                                   | able)                                                                                                                              |  |
| LAKE PARK FL 33403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                                                                                    |  |
| DAKE FARIN 16 00400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>84</b> City                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        | FL 85 Zip Code                                                                                                                     |  |
| GNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | utes, the above-named corrized by the corporation's bles.                                                                                                                                                                                                                                                                                                                                    | ooration submits this statement for the p<br>oard of directors. I hereby accept the ap | ourpose of changing its registered o<br>opointment as registered agent. I an                                                       |  |
| GNATURE Signature by ed or printed nem coll register.  OFFICE!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | red agent and file if applicable (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (NOTE Registered Agent signature req                                                                                                                                                                                                                                                                                                                                                         | wred when renstating                                                                   | DATE<br>FFICERS AND DIRECTORS IN 12                                                                                                |  |
| GNATURE Signature by ed or printed name of register.  OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | red agent and title (Lagrification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (NOTE Registered Agent's gnature req                                                                                                                                                                                                                                                                                                                                                         | wred when renstating                                                                   | DATE<br>FFICERS AND DIRECTORS IN 12                                                                                                |  |
| Signature by aid or printed name of register  OFFICE  V  SIMCICH, CATHERINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | red agent and title (Lagrification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (NOTE Flogishered Agents gnature req<br>13.<br>1 1 TIFLE<br>1.2 NAME                                                                                                                                                                                                                                                                                                                         | wred when renstating                                                                   | DATE<br>FFICERS AND DIRECTORS IN 12                                                                                                |  |
| Signature by ed or printed non-clothegetor  OFFICE  Signature by ed or printed non-clothegetor  OFFICE  SIMCICH, CATHERINE A  228 US HWY ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | red agent and title (Lagrification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (NOTE Registered Agent's gnature req                                                                                                                                                                                                                                                                                                                                                         | wred when renstating                                                                   | DATE<br>FFICERS AND DIRECTORS IN 12                                                                                                |  |
| Signature by eid or printed name of register  OFFICE  F V SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL F PMC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | red agent and title (Lagrification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (NOTE Flogishered Agent's gnature req<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                  | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Additi                                                                                     |  |
| Signature by ed or printed non-e of register  OFFICE  V SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL F PMC SIMCICH, ALAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | red agent and bits if applicable (RS AND DIRECTORS DELETE  AMATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (NOTE Flugishered Agent's gnature req<br>13.<br>1 1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                               | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Additi                                                                                     |  |
| Signature by ed or printed non-distregular  OFFICE  V SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  F PMC SIMCICH, ALAN 228 US #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | red agent and bits if applicable (RS AND DIRECTORS DELETE  AMATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INOTE Flogishered Agent's gnature req  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2 1 TITLE                                                                                                                                                                                                                                                                          | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition                                                                                   |  |
| Signature by editor printed name of register  OFFICE  V SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL PMC SIMCICH, ALAN 228 US #1 LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | red agent and title (Lagriciation   RS AND DIRECTORS   DELETE   DE | INOTE Fogishered Agent's gnature req  13.  1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                       | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Addition                                                          |  |
| Signature by ed or printed name of register  For Simcich, Catherine A  Signature by ed or printed name of register  For Simcich, Catherine A  228 US HWY ONE  LAKE PARK FL  FMC  SIMCICH, ALAN  228 US #1  LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | red agent and bits if applicable (RS AND DIRECTORS DELETE  AMATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INOTE Frograte d Agent's grature req  13.  1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE                                                                                                                                                                                                                             | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Addition                                                          |  |
| Signature by ed or printed non 6 of register  DEFICE  WE SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  FMC  SIMCICH, ALAN 228 US #1 LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | red agent and title (Lagriciation   RS AND DIRECTORS   DELETE   DE | 13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME                                                                                                                                                                                                                                                 | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition                                                   |  |
| GNATURE  Signature typed or printed name of register  E  V  SIMCICH, CATHERINE A  228 US HWY ONE  LAKE PARK FL  LE  PMC  SIMCICH, ALAN  228 US #1  LAKE PARK FL  LE  ME  LEF LABORESS  LAKE PARK FL  LE  ME  LEF LABORESS  LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | red agent and title (Lagriciation   RS AND DIRECTORS   DELETE   DE | 13.  1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-T-ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS                                                                                                                                                                                                                                        | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition                                                                   |  |
| Signature by ed or printed non a of register  OFFICE  V SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  F PMC SIMCICH, ALAN 228 US #1 LAKE PARK FL  F V SIMCICH, ALAN 228 US #1 LAKE PARK FL  F V SIMCICH, ALAN 228 US #1 LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | red agent and title (Lagriciation   RS AND DIRECTORS   DELETE   DE | 13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME                                                                                                                                                                                                                                                 | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition                                                   |  |
| Signature by add or printed non-e of register  DEFICE  W SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  F MC SIMCICH, ALAN 228 US #1 LAKE PARK FL  F MC SIMCICH, ALAN 228 US #1 LAKE PARK FL  F MC SIMCICH, ALAN 41 LAKE PARK FL  F MC SIMCICH, ALAN 428 US #1 LAKE PARK FL  F MC SIMCICH, ALAN 41 LAKE PARK FL  F MC SIMCICH, ALAN 428 US #1 LAKE PARK FL  F MC SIMCICH, ALAN 43 LAKE PARK FL  F MC SIMCICH, ALAN 44 LAKE PARK FL  F MC SIMCICH, ALAN 45 LAKE PARK FL  F MC SIMCICH SIMCIC | RS AND DIRECTORS  DELETE  AMATO  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INOTE Frogestered Agent's greature req  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3 1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP                                                                                                                                                                    | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition                                          |  |
| Signature typed or printed non a of register  OFFICE  W SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  F MC SIMCICH, ALAN 228 US #1 LAKE PARK FL  LAKE PARK FL  W SIMCICH, ALAN 228 US #1 LAKE PARK FL  LAKE PARK FL  W SIMCICH, ALAN 228 US #1 LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RS AND DIRECTORS  DELETE  AMATO  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.  1 1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE                                                                                                                                                                                                                      | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition                                          |  |
| Signature Typed or printed non a of register  OFFICE  W SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  F MI SELFARCHESS V-S1-ZIP LAKE PARK FL LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL  LAKE PARK FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RS AND DIRECTORS  DELETE  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.  1 1 Tifle 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 Tifle 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 Tifle 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 Tifle 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP                                                                                                                                                                             | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition                          |  |
| GNATURE  Signature by edit or printed nerric of register  OFFICE  W SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  PMC SIMCICH, ALAN 228 US ₱1 LAKE PARK FL  IF  WI SELLARDESS  Y-S1-ZIP  IF  SELLARDESS  Y-S1-ZIP  IF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RS AND DIRECTORS  DELETE  AMATO  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.  1 1 Tifle  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2 1 Tifle  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3 1 TIFLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  4 1 TIFLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  5 1 TIFLE                                                                                                                                                   | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition                                          |  |
| GNATURE  Signature by edit or printed non a of register  OFFICE  V  SIMCICH, CATHERINE A  228 US HWY ONE  LAKE PARK FL  PMC  SIMCICH, ALAN  228 US #1  LAKE PARK FL  LE  WI  GET ADDRESS  Y-S1-ZIP  LE  MI  GET ADDRESS  Y-S1-ZIP  LE  ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RS AND DIRECTORS  DELETE  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.  1 1 TIPLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIPLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TIPLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TIPLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIPLE 52 NAME                                                                                                                                                           | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition                          |  |
| Signature typed or piloted nerrical register.  OFFICE:  V SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL PMC SIMCICH, ALAN 228 US #1 LAKE PARK FL  V SIMCICH, CATHERINE A 228 US #WY ONE LAKE PARK FL  PMC SIMCICH, ALAN 228 US #1 LAKE PARK FL  VI SELLADORESS V-SI-ZIP F SELLADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RS AND DIRECTORS  DELETE  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.  1 1 TIPLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TIPLE 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TIPLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TIPLE 5 2 NAME 5 3 STREET ADDRESS                                                                                                                             | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition                          |  |
| GNATURE  Signature by edit or printed non a of register  OFFICE  V  SIMCICH, CATHERINE A  228 US HWY ONE  LAKE PARK FL  PMC  SIMCICH, ALAN  228 US #1  LAKE PARK FL  IF  WI  GET ADDRESS  Y-S1-ZIP  LE  WI  GET ADDRESS  Y-S1-ZIP  LE  MI  GET ADDRESS  Y-S1-ZIP  LE  MI  GET ADDRESS  Y-S1-ZIP  LE  ME  GET ADDRESS  Y-S1-ZIP  LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RS AND DIRECTORS  DELETE  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13.  1 1 TIPLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIPLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TIPLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TIPLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIPLE 52 NAME                                                                                                                                                           | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition                          |  |
| GNATURE  Signature by edit or printed non a of register  OFFICE  V  SIMCICH, CATHERINE A  228 US HWY ONE  LAKE PARK FL  PMC  SIMCICH, ALAN  228 US #1  LAKE PARK FL  IF  ME  RELADORESS  Y-S1-ZIP  LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RS AND DIRECTORS  DELETE  AMATO  DELETE  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.  1 1 TIPLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIPLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TIPLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TIPLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIPLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 1 TIPLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP                                                                       | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition |  |
| GNATURE  Signature by ed or printed name of register  E. OFFICER  V MI SIMCICH, CATHERINE A 228 US HWY ONE LAKE PARK FL  LE PMC SIMCICH, ALAN 228 US #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RS AND DIRECTORS  DELETE  AMATO  DELETE  DELETE  DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13.  1 1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TIFLE 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TIFLE 5.3 NAME 5.4 CITY-ST-ZIP 6 1 TIFLE 5.5 NAME | wred when renstating                                                                   | DATE FFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition Addition |  |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,

1/31/96 (407) 844-1/91