

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J29761 (0)**

1. Corporation Name

MCGR EXPENSE CLEARING ACCOUNT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1001 NW 13TH STREET, STE. 201 BOCA RATON FL 33486	1001 NW 13TH STREET, STE 201 BOCA RATON FL 33486

2. Principal Place of Business	28. Mailing Address
21 State, Apt. # etc.	26 State, Apt. # etc.
22 City & State	27 City & State
23 Zip	29 Zip
24 County	30 County

3. Date Incorporated or Created	3a. Date of Last Report
09/20/1986	02/09/1994
4. FEI Number	Applied For
APPLIED FOR 59-2709562	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD., NW, STE. 401
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 State
85 Zip Code

11. Pursuant to the provisions of Sections 607.05001 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am licensed with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MEHR, KENNETH A. 1001 N.W. 13TH ST., #201 BOCA RATON FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST. ZIP		4. CITY, ST. ZIP	
TITLE	VP COLTON, ANDREA S. 1001 N.W. 13TH ST., #201 BOCA RATON FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST. ZIP		8. CITY, ST. ZIP	
TITLE	VP GARLAND, LARRY 1001 N.W. 13TH ST., #201 BOCA RATON FL	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST. ZIP		12. CITY, ST. ZIP	
TITLE	O RAE, VIRGINIA 1001 N.W. 13TH ST. #201 BOCA RATON FL	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST. ZIP		16. CITY, ST. ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST. ZIP		20. CITY, ST. ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST. ZIP		24. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or an officer or trustee of a trust or other fiduciary organization and that my name and title are as shown on Block 12 or Block 13. I am signed and have my address shown on Block 12 or Block 13.

SIGNATURE: *Kenneth A. Mehr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95 407-368-4332
DATE PHONE #