**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90149 015 \*\*\*150.00

DOCUMENT#,	J52021

<ol> <li>Corporation</li> </ol>	n Name											
MCMELC	ON, INCORPORATED											
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Principal Place	of Business	Mai	ling Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
233 EAST PARK	K AVE.		BOX 1077				- }					
LAKE WALES FL 33853 LAKE WALES FL 33859								DO NOT WR	ITE IN THI	S SPACE		
US							. 3	L Date Incorpo	rated or Qualifed		0 0.7.02	
_							"	01/09/198				
2 Principal Pl	lace of Business	2a.	Mailing Address				4.	l. FEI Number	<u>, , , , , , , , , , , , , , , , , , , </u>	•	A	pplied For
<del>_</del>		26	Maining / Nacional					59-28290	96		<del></del>	tot Applicable
Suite, Apt.	#. etc.	_	Suite, Apt. #, etc.			~r~	<u> </u>				\$8.75	Additional
22		27					5.	. Certificate of	Status Desired		Fee F	Required
City & Stati	ė		City & State				6.	6. Election Can	npaign Financing			May Be
23	<u> </u>	28					_	Trust Fund C	Contribution		Added	to Fees
Zip	Country		Zip		Country		8.		tion owes the cur	rent year l		
24	25	29		30				Personal Pro	operty Tax.  Address of New	Domintoro.	☐ Yes	□No
	.9. Name and Address of Current	Registe	ered Agent		81	Name	10	. Name and A	Address of New	Registere	u Agent	<del> </del>
MAC	CK, ARNOLD H.				Ľ				12.		•	L-947.
	EAST PARK AVE.		•		82	Street Ad	ddress (I	(P.O. Box Num	ber is Not Accept	table)		
	E WALES FL 33853				83					- sum ·		
			<i>7</i> •									
					84	City				F	85   Zip	Code
44 Disassant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 60	7 1508 Florida Statu	tes the	e ahovi	-named co	omoratio	on submits this	statement for the	purpose :	of changing it	ts registered
office or r	oristored agent or both in the State of	and ou	7.1000, 1 lollad Claic					named of disorts		And the second	aintmant ac t	i-id
Unice of the	egistered agent, or both, in the otate of	f Florida	a. Such change was a	authori	ized by	the corpora	ation's b	board of directo	ors. I hereby acce	ept tne app	Omunem as i	egistered
agent. I a	m familiar with, and accept the obligation	f Florida ons of, :	a. Such change was a Section 607.0505, Flo	authori orida S	ized by Statutes	the corpora	ation's b	board of directo	ors, I hereby acce	pt tne app	Omunem as i	egistered
agent. I a	m familiar with, and accept the obligation	ons oi,	Section 607.0303, Fit	Jilua 3	otatutes	the corpora	uired when	reinstating)		DATE		
agent. I a	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent  OFFICERS AND	and title if	applicable. (NOT)	E: Registe	otatutes	,	uired when	reinstating)	CHANGES TO OF	DATE	AND DIRECT	ORS IN 12
agent. I a	Signature, typed or printed name of registered agent	and title if	applicable. (NOT)	E: Registe	ered Agen	,	uired when	reinstating)		DATE		ORS IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or emplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP