

* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # Ja/365			
1. Corporation Name MCR Computer, Inc.			
Principal Place of Business 937 millenbeck Avenue Deltona, Fl. 32725		Mailing Address 937 millenbeck Avenue deltona, Fl. 32725	
2. Principal Place of Business 21 State Apt # etc. 22 City & State 23 Zip 24 County		2a. Mailing Address 26 State Apt # etc. 27 City & State 28 Zip 29 County	
3. Date Incorporated or Qualified 09/09/1987		3a. Date of Last Report 5/1995	
4. FLL Number 59-2853695		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		7. This corporation has liability for intangible tax under s. 199.04, Florida Statutes. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent Infantino, Thomas V. 180 South Knowles Avenue Suite 6 Winter Park, Fl 32789		9. Name and Address of New Registered Agent 81 Name Patricia M. LoDolce 82 Street Address (P.O. Box Number is Not Acceptable) 937 millenbeck Avenue 83 84 City Deltona FL 85 Zip Code 32725	
11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.01(2), Florida Statutes. SIGNATURE Patricia M. LoDolce Patricia M. LoDolce 7/31/96			
12. OFFICERS AND DIRECTORS 1. NAME DVP King, Bryan STREET ADDRESS 4150 John Young Parkway CITY, STATE, ZIP Orlando, Fl. 2. NAME LoDolce, Patricia M STREET ADDRESS 937 millenbeck Ave CITY, STATE, ZIP Deltona, Fl 3. NAME STREET ADDRESS CITY, STATE, ZIP 4. NAME STREET ADDRESS CITY, STATE, ZIP 5. NAME STREET ADDRESS CITY, STATE, ZIP 6. NAME STREET ADDRESS CITY, STATE, ZIP		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1-10 1. NAME STREET ADDRESS CITY, STATE, ZIP 2. NAME STREET ADDRESS CITY, STATE, ZIP 3. NAME STREET ADDRESS CITY, STATE, ZIP 4. NAME STREET ADDRESS CITY, STATE, ZIP 5. NAME STREET ADDRESS CITY, STATE, ZIP 6. NAME STREET ADDRESS CITY, STATE, ZIP	
14. I, the undersigned, being a duly qualified and authorized officer or director of the corporation, hereby certify that the information furnished on this report is true and correct, and that I am a resident of this state and that my signature is a true and correct signature of the corporation. I am familiar with and accept the provisions of Section 607.01(2), Florida Statutes.		800001915848 -08/08/96--01014--020 ***225.00	
SIGNATURE: Patricia M. LoDolce Patricia M. LoDolce SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/31/96 407-860-2677	

CR2E034 (3/96)

8-7-96
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