## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # K13652



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90047 014 \*\*\*150.00

MCCORY ENTERPRISES, INC.					( ) <b>196) B</b> ar ar <b>aka</b> araka arka arka arka arka arka arka		
Principal Place of Business  2766 GREENDALE DR  SARASOTA FL 34232  US  Mailing Address  ** MURRY K. MCCORY  2766 GREENDALE DR  SARASOTA FL 24232  US					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 01/28/1988		
Principal Place of Business     2a. Mailing Address					4. FEI Number		pplied For
` `					65-0026271	<del></del>	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional
22 27 City & State City & State							
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip		у	8. This corporation owes the current year	ar Intangible ☐ Yes	□No
24	25		30		Personal Property Tax.  10. Name and Address of New Registe		
-	9. Name and Address of Cu	irrent Kegisterea Agent	1 Name	IV. Name and Address of New Regist	neu Agent		
MCC	ORY, MURRY K.		ľ	Name	<u> </u>		
2766 GREENDALE DRIVE			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34232			8:	3			
				1			
			84	4 City		FL 85 Zip	Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au bligations of, Section 607.0505, Flor	es, the about thorized by ida Statute	ve-named cor y the corporates.	rporation submits this statement for the purpostion's board of directors. I hereby accept the a	se of changing its appointment as re	s registered egistered
SIGNATURE				_			
	Signature, typed or printed name of registere			ent signature requi	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		ODS IN 12
12.			13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICER	Change	
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NAME		•	5.2 NAME				
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TITLE		1 DELETE	6.2 NAME			□ criange	
NAME I			O.E INTENE	1			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP