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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

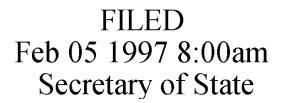
DOCUMENT # K18963

(4)

MCTELL, INC.

Principal Place of Rusinese

Mailing Address





r incipal riade of dusir	Mailing Address	Mailing Address							
4630 SW 64TH AVENUE DAVIE FL 33314		4630 SW 64TH AVENUE Davie FL 33314-4427							
						3. Date Incorporated or Qualified 03/24/1988	3a. Date of L 05/01/19		
2. Principal Place of Bu	2a. Mailing Add	Mailing Address			4. FEI Number		Applied For		
21	26				65-0043174		Not Applicable		
Suite, Apt #, etc.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		.00 May Be ided to Fees	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	30	Country			Yes No	der s. 199.032,	
9. Na	me and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered Agent		
MONTELLA,	EVE		•	81	Name				
-4515 SW 55TH AVE. -DAVIE FL 53914			n	82	Street	Address (P.O. Box Number is Not Acceptab	ole)		
				83					
				84	City		FL 85	Zip Code	
SIGNATURE Squature by	with, and accept the oblig	ent and title if applicable		g stered Age		e required when reinslating)	DATE		
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE DVP	DTIV VENI	ا لـا	DELETE	1.1 TITLE			Chi	ange	
و جدهد ا	rthy, kevin <del>XV-55TH-AVE</del>			1.2 NAME		HULL COMERIA RIACO			
DAME				1.3 STREET		16461 Onterio Blace Davie FL 33			
CITY-SY-ZIP	<u> </u>	ГТг	ELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	DAVIE 12 33	TJ-En	ange Addition	
1	ella, eve		0 K	2.2 NAME			42-010	nige	
	SW 55TH AVE		V	2.3 STREET	ADDRESS				
CITY-ST-ZIP -DAVIE				2. 4 CITY-					
T TLE			ELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME				32 NAME		,			
STREET ADDRESS				3.3 STREET	ADDRESS	·			
CITY - ST - ZIP			ELETE	3.4 CITY-	ST-ZIP		Ch	ange Addition	
TITLE NAME		ا ليا	,rrrir	4.1 TITLE 4.2 NAME			L., UIK	ango LI MUMUUK	
STREET ADDRESS				4.2 NAME	AUDBECG				
CITY- ST-ZIP				4.4 CITY-S					
TITLE			ELETE	5.1 TITLE		,	☐ Chi	ange Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS	1			
CITY-ST-Z0F			5.575	5.4 CITY - S	T - ZIP		· · · · · · · · · · · · · · · · · · ·		
1 TLE			DELETE	6.1 TITLE		<u> </u>	Cha	ange L Addition	
NAME				62 NAME		-			
STREET ADDRESS				6.3 STREET					
CITY-ST-ZIP	AL LAB SIA SAFERS	during the floor stars	and mindle for	6.4 CITY - S		Stated in Contine 110 07/3Vi) Elevide Statute	a I di unito a a a unit	that the	

I do 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 composition 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 45 if changed, or on an attachment without address.

SIGNATURE:

SHENATURE AND TYPE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-791-510

hone #

R2E034 (9/96)