

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K55390**

(4)

1. Corporation Name
MFC HOLDING CORPORATION



Principal Place of Business Thomas J Fanuzzi Jr 2354 Treasure Isle Dr Palm Bch Gdns, FL 33410-1212	Mailing Address Thomas J Fanuzzi Jr 2354 Treasure Isle Dr Palm Bch Gdns, FL 33410-1212
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. N/A 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Thomas J Fanuzzi Jr 2354 Treasure Isle Dr Palm Bch Gdns, FL 33410-1212 27 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/27/1988	Applied For Not Applicable
4. FEI Number 22-2953169	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MALAVE, PATRICIA 711 CRIMSON KING TRACE TARPON SPRINGS 34689	10. Name and Address of New Registered Agent 81 Name THOMAS J. FANUZZI JR 82 Street Address (P.O. Box Number is Not Acceptable) 2354 TREASURE ISLE DR 83 PALM BEACH GARDENS 84 City FL 85 Zip Code 33410
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Thomas J Fanuzzi Jr* **2-4-98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CARAMAGNO, DOMINIC 1 LOFT LANE DIX HILLS NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DST FANUZZI, THOMAS J. 2354 TREASURE ISLAND DRIVE PALM BEACH GARDENS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	AST MALAVE, PATRICIA 711 CRIMSON KING TRACE TARPON SPRINGS FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 added as an attachment with an address.

SIGNATURE: *Thomas J Fanuzzi Jr* **2-4-98**

CR2E034 (10/97)