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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57079

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90006 025 ****75.00 03-17-1999 90006 026 ****75.00

FRINARD MCMC, INC Principal Place of Business Mailing Address 416 WEST LANTANA ROAD 416 WEST LANTANA ROAD LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/10/1989 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0207648 Not Applicable 21 26 \$8.75 Additional Suite, Apt #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCGOWAN, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 416 WEST LANTANA ROAD LANTANA FL 33462 83 84 City Zip Code 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 INOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Change DELETE 1 1 TITLE TITLE 12 NAME MCGOWAN, RICHARD J. NAME 416 W. LANTANA RD. 13 STREET ADDRESS STREET ADDRESS LANTANA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Cnange 21 TITLE TITLE MCDOWELL, FREDERIC P. NAME 2.3 STREET ADDRESS 416 W. LANTANA RD. STREET ADDRESS LANTANA FL 2 4 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP 6 1 TITLE Addition ☐ Change DELETE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6 4 CITY-ST-ZIP CITY-ST-ZIP

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 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 one mattachment with an address with the information 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 one matter 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 one matter than address with the information indicated on 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 161-516311)
Dayline Phone #

CR2E034 (11/98)