

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K82004 (8)

1. Corporation Name

FLA-MCH, INC.

Principal Place of Business

950 N.W. 31ST AVENUE  
POMPANO BEACH FL 33069-1179

Mailing Address

PO BOX 534033  
MARGATE FL 33053  
US

P.O. Box 440845  
TAX. FL. 32222-0009

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

P.O. Box 440845

Jacksonville, FL.

32222-0008 US

9. Name and Address of Current Registered Agent

HARRIS, MARVIN C JR

950 N.W. 31ST AVE

POMPANO BEACH FL 33062

5436 Greer St

Fernandina Beach FL

32034

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

98-99

3. Date Incorporated or Qualified

04/20/1989

4. FEI Number

65-0115292

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

SAKE

82 Street Address (P.O. Box Number is Not Acceptable)

5436 Greer St.

83

84 City

Fernandina Bch, FL

85 Zip Code

32034

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE MARVIN C. Harris Jr.

Signature, typed or printed name of registered agent and title if applicable

M.C. Harris Jr. 1-27-99

(NOTE: Registered Agent Signature Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

DELETE

NAME

HARRIS, MARVIN C., JR.

STREET ADDRESS

950 N.W. 31ST AVENUE

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

HARRIS, MARVIN C., JR.

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

5436 Greer St.

1.4 CITY-ST-ZIP

Fernandina Beach, FL. 32034

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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.

SIGNATURE: M.C. Harris Jr. M.C. Harris Jr. 1-27-99 573-5917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

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