

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:22

DOCUMENT # **K94523** (3)

1. Corporation Name
MCNEEL INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
5401 W KENNEDY BLVD 5401 W KENNEDY BLVD
PO BOX 23887 PO BOX 23887
TAMPA FL 33609 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/12/1989** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-2953537** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 /ip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.
801 N.E. 187TH STREET
SUITE 305
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____ DATE: _____
(Signature and typed or printed name of registered agent and filer required) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	MCNEEL, VAN L.
STREET ADDRESS	5401 W KENNEDY BLVD 751
CITY, ST, ZIP	TAMPA FL
TITLE	DEVP
NAME	MCNEEL, CLAYTON W
STREET ADDRESS	5401 W KENNEDY BLVD 751
CITY, ST, ZIP	TAMPA FL
TITLE	DSTV
NAME	WOOD, RENE M
STREET ADDRESS	5401 W KENNEDY BLVD 751
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCNEEL, VAN L.	
1.3 STREET ADDRESS	5401 W KENNEDY BLVD 751	
1.4 CITY, ST, ZIP	TAMPA, FL	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCNEEL, CLAYTON W	
2.3 STREET ADDRESS	5401 W KENNEDY BLVD 751	
2.4 CITY, ST, ZIP	TAMPA FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I declare, certify, and verify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b). I hereby stipulate I have verified that the information submitted 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. 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 on the 12th or 13th of the report, or its an addendum, with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR