

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K94523** (3)

1. Corporation Name
MCNEEL INTERNATIONAL CORPORATION



Principal Place of Business: **5401 W KENNEDY BLVD
PO BOX 23887
TAMPA FL 33609**

Mailing Address: **5401 W KENNEDY BLVD
PO BOX 23887
TAMPA FL 33609**

3. Date Incorporated or Qualified: **06/12/1989**

3a. Date of Last Report: **03/03/1995**

4. FEI Number: **59-2953537**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Sub- Apts. #, etc. City & State- Zip Country

22. Sub- Apts. #, etc. City & State- Zip Country

23. City & State- Zip Country

24. Zip Country Zip Country

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES INC.
801 N.E. 167TH 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 607.1508, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **DC** DELETE

NAME: **MCNEEL, VAN L.**

STREET ADDRESS: **5401 W KENNEDY BLVD 751**

CITY-ST- ZIP: **TAMPA FL**

TITLE: **DP** DELETE

NAME: **MCNEEL, CLAYTON W**

STREET ADDRESS: **5401 W KENNEDY BLVD 751**

CITY-ST- ZIP: **TAMPA FL**

TITLE: **DSTV** DELETE

NAME: **WOOD, RENE M**

STREET ADDRESS: **5401 W KENNEDY BLVD 751**

CITY-ST- ZIP: **TAMPA FL**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST- ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

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

DSTV 2/5/96 813-286-8680

CR2E034 (12/95)