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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L13589

(1)

DOCUMENT #
1. Corporation Name

MCNATT ENTERPRISES, INC.

																	•										•	• • •							٠.
ı	М	ш	н	и		13	Ш	П	Ш	ı	ш	ш	ш	Ш	Ш	H	ш	ш	ы	Н	H	И	Ш	Ш	Н	Ш		ш	ш	Ш	ı	Ш	!!	ш	ш
ı	н	H	ш	n	и	H	Ш	ш	iΊ	81	ы	и	ш	Ш	Ш	Ιł	ш	н	H	Ш	1	И	Ш	ш	и	Ш		Ш	ш	IIF	•	ш	11	ш	ш
ı	Ш	ш	ш	Ш	ш	H	ш	ш	Ш	H	H	и	ш	Ш	Ш	u	H	11	Ш	Ш	и	Н	Ш	и	Ш	Ш	H	H	ш	Ш		Ш	П	ш	11
ı	п	Ш	Н	"	ш	П	ш	ш	ш	H	ш	н	н	Ш	Ш	H	Ш	ш	ш	Ш	Ш	Ш	IH	ш	Ш	Ш	1	H	ш	Ш		Ш	H	ш	ш
ı	Ш	Ш	Ш	Н	ш	П	Ħ	ш	Ш	ZI	ш	Ш		Ш	Ш	п	П	ш	ш	Ш	Ш	и	Ш		Ш	Ш		11	ш	Ш	l	Ш	ш	ш	ш

Principal Place	of Business	Mailing Address									
	EWOOD AVE W	2098 EDGEWOOD									
JACKSON	/ILLE FL 32208-0005	JACKSONVILLE FL	32208-0005								
					3. Eate Incorporated or Qualified 08/31/1989	3a. Date of Last Report 02/21/1995					
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2972825	Applied For Not Applicable					
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required					
City & State		City & State			6. Election Campaign Financing \$5.00 May Be						
23 Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees					
24	25	29	30			□ No					
	9. Name and Address of Curre				10. Name and Address of New R	legistered Agent					
			81	Name							
	s, Burney Kingsley Ave.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)					
SUITE			83								
ORAN	GE PARK FL 32073		84	City	85 Zip Code						
or registere	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authori.	zed by the corp	pration's boar	ration submits this statement for the pui rd of directors. I hereby accept the app	ointment as registered agent. I am					
	Signature, typed or printed name of registered ager		OTE: Registered Agen	t signature require:		DATE					
12. 11'16	UFFICERS AF	ND DIRECTORS	13. 1. 1 TITLE		ADDITIONS/CHANGES TO OFF	Change Addition					
NAME	MCNATT, RONALD D.		1.2 NAME			Critarigo Hasilion					
STREET ADDRESS	1755 LOQUAT LANE		1.3 STREET	ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - S	1							
TITLE	D	DELETE	2 1 TITLE			Change Addition					
NAME	MCNATT, RICHARD		2.2 NAME								
STREET ADDRESS	1755 LOQUAT LANE		2 3 STREET	ADDRESS							
CHY-SI-ZIP	JACKSONVILLE FL		2 4 CITY - S	T-ZIP		53.6 0 53. 00					
₹III∟€		☐ DELETE	3. 1 TITLE	}		Change Addition					
NAME			3 2 NAME								
STREET ADDRESS			3.3. STREE:								
CITY-ST-ZIF TITLE	name and the second sec	DELETE	4 1 TITLE	1-21		Change Addition					
NAME		_	4 2 NAME								
STREET ADDRESS			4 3 STREET	ADORESS							
CHY-SI-7IP			4.4 CITY - S	7 - 21P							
THEF		☐ DELETE	5 1 TITLE			Change Addition					
NAME			5 2 NAME								
STREET ADDRESS			5 3 STREET								
C-TY-ST-7IP	A. (1/24/2 AP) 4 19/49 40 19/4	רוביר <u>רוביר</u>	5 4 CITY - S	T-ZIP		Change D Addition					
Tillf		☐ DEFELE	6 1 TIFLE			Change Addition					
NAME CHUELT ADDRESS			6 2 NAME	ADDRESS							
STHEET ADDRESS			6 3 STREET	1							
CITY-ST-ZIP	44.45-44-5-6	I the thin fiber in the state of fi	6 4 CITY - S	1 - ZIP	for the exemption stated in Coation 440	07/2VM Florida Statutos Lituthor					

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 inchanged, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: