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PROFIT CORPORATION ANNUAL REPORT



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

1996

L49997

(4)

DOCUMENT #
1. Corporation Name

MC PERSONALIZATIONS, INC.

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Principal Place of											
'	of Business SE SHERMAN			ing Address C/O GEORGE SHI	IERMAN						
P.O. BOX 1				P.O. BOX 1555							
POMPANO	BEACH FL 33061			Pompano Beach	.⊀ FL 3306°	51		3. Date Incorporated or Qualified 02/09/1990		of Last I 04/25/	
2. Principal Plac	ce of Business		2a. N	Mailing Address				4. FEI Number			Applied For
1			26	-				59-2992837			Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State				City & State				6. Election Campaign Financing		\$5.0	00 May Be
3			28					Trust Fund Contribution		Add	ed to Fees
Zip	Coun	try	1	Zip		Country		8. This corporation has liability for		ax und <del>e</del> r :	s 199.032,
4	25		29		30				es No	Anont	
	9. Name and Add	ress of Currer	nt Hegiste	rea Agent		81	Name	10. Name and Address of New	/ Hegisterea	Agent	
OUEDA	IAN OFORCE					"	Name				
	IAN, GEORGE					82	Street Add	ress (P.O. Box Number is Not Accept	table)		
	IW 17 LANE NO BEACH FL 33	ne4				B3	·				
POMPA	INO DEMON PL 33	W04				63					
						84	City		<b></b>	85	Zip Code
								ration submits this statement for the p	FL	<del>.</del>	
or registere	ia agent, or bourt, in tr	ie State of Flori	ida. Sudii t	mange was autho	Jirkeu by t	trie corp	oration's boa	ard of directors. I hereby accept the ap	phonument as	s registeri:	au agent. i ani
	n, and accept the obli	gations of, Sect	tion 607.05	505, Florida Statut	ites.						
SIGNATURE	n, and accept the oblin					stered Agen		ed when reinstating)	DATE		
SIGNATURE _	· · · · · · · · · · · · · · · · · · ·		t and title if app	plicable.	(NOTE: Regis	stered Agen		ed when reinstating)  ADDITIONS/CHANGES TO O		D DIREC	ORS IN 12
SIGNATURE	Signature typod or prin ed nan	e of registered agent	t and title if app	plicable.	(NOTE: Regis				FFICERS AND	D DIREC	
SIGNATURE	Signature typed or printed nan  D  SHERMAN, GI	e of registered agent OFFICERS AN	t and title if app	olicable. I	(NOTE: Regis	13.			FFICERS AND		
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14. I do hereby certify that the information supplied with this filing is yolintarily turnished and does not quality for the exemption stated in Section 119.07(g/k). Florida Statutes. Furnier 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 cath; that I am an officer or directly of the corporation or the popular 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 (cf. anged, or on an attach prefix with an address.)

SIGNATURE: \_

SIGNATURE AND TYPEYOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 954 972-2122