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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66242

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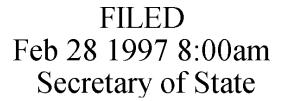
MC MANAGEMENT, INC.

Principal Place of Business Maining Address

3745 SE DOUBLETON DR. 3745 SE DOUBLETON DR. STUART FL 34997

STUART FL 34997

US





		00								
						3. Date Incorporated or Qualified				
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For	
21	26					65-0195306		₹ N	ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22	27					5. Certificate of Status Desired	النا .	Fee Re	equired	
City & State	ti	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zφ	Country	Zip	Cc	untry		8. This corporation has liability for	intangible	tax tínder s	. 199.032,	
24	25 29 30					Florida Statutes] Yes [} No		
	9. Name and Address of Curre	nt Registered Agent		T		10. Name and Address of New Re	gistered A	igent		
WOO	OD, STEVEN J	* Tt talala allala		81	Name					
2400 S. FEDERAL HIGHWAY SUITE 320					ON COLON Address (D.O. Dan Number in National Address of the Colon and Colon					
					82 Street Address (P.O. Box Number is Not Acceptable)					
	ART FL 34997			83					J1 11-11-11-11-11-11-11-11-11-11-11-11	
310	CHI I L OTOO!			"						
				84	City		P** 1	85 Zip	Code	
							<u>FL</u>			
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508, Florida Si	tatules, the	above	e-named co	orporation submits this statement for the r	ourpose of	changing r	ts registered	
office of /	registered agent, or both, in the State on bandlar with, and accent the oblic	e of Florida, Such change visitions of Section 607 0505	vas autnoriz 5. Elorida St	eo by atutes	/ tne corpoi	orporation submits this statement for the pration's board of directors. I hereby acce	ot the app	animent as	registered	
	The state of the constant of the constant	junera er, cocami ear bear	D, 1 1011.DQ OL	2.0.0.	- .					
SIGNATURE	Signature typed or protest came of egyldered as	ent and title Laproicable	(NOTE Register	ed Age	ent signature rec	quired when reinstating)	DATE			
12.		ID DIRECTORS	13	 -		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	3S IN 12	
THLE	D	DELETE	1,1	TITLE				Change	Addition	
NAME	COCHRAN, MARY			NAME						
	3745 SE DOUBLETON DR.				ADDDCCC					
STREET ADDRESS	STUART FL		1		ADDRESS					
C(1Y-S1-2)	OTOMIC IE	Classer		CHTY-S	IT - ZIP			Change	Addition	
TifleE		[_] DELETE	1	TITLE	1			LI Change	MODITION .	
NAME			22	NAME						
STREET ADDRESSO			23	STREET	ADDRESS					
CITY-ST ZIP			2. 4	CITY -	ST-ZIP		14.			
TITLE		DELETE	3.1	TITLE				Change	Addition	
NAME			3.2	NAME						
STREET ADDRESS			33	STREFT	ADDRESS					
C TY-ST-ZIP				CITY-:						
Tillé		DELETE		TITLE	V. LF			Change	Addition	
NAME				NAME	ļ					
STREET ADDRESS					ADDRESS					
CCTY - ST - 71P		T serven		CITY-S	31 - 7#P			T-1 0		
TITLE		DELETE		TITLE				Change	Addition	
MAM			5.2	NAME	1					
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY ST-ZiP	!		5.4	CITY-S	ST-ZIP	<u> </u>				
TITLE		DELETE	6.1	TITLE				Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS					ADDRESS					
	į		•		1					
CITY-S1-70	1	ad with this fit on door not		CITY-S		ited in Section 119 07(3)(i). Florida Statute	o I furthou	cortify that	t the	

k. I do hereby certly that the information supplied with this fiting 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 this 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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rse Phone #