FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L9893 1. Corporation Name MCEWEN & ASSOCIATES, INC.			; ;	04-23-1999 90155 048 ***150.00			
incipal Place of Business Mailing Address W MONTROSE ST. 644 SE 4TH AVE				. I BANKAN DIA TAKA KAMBANNA MANA MINA BIRIN			
782 W. MONTROSE ST. CLERMONT FL 34711 US	FT LAUDERDALE FL 33301 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1990			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State	City & State			6. Election Campaign Financing 5:00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25	Zip Country 29 30			8. This corporation owes the current year intangible Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDEN, E SCOTT 644 SE 4TH AVE FT LAUDERDALE FL 33301		81 82 83	Name Street Addres	me eet Address (P.O. Box Number is Not Acceptable)			

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.

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Ognitude (ypasse)			<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP Q	DELETE	1.1 TILE	Cha	nge 🔲 Addition					
NAME }	MCEWEN, TERRY	ı	1.2 NAME							
STREET ADDRESS	11435 LANE PARK ROAD	1	1.3 STREET ADDRESS							
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP							
TITLE	DST	DELETE	2.1 TTLE	☐ Cha	nge 🗌 Addition					
NAME	MCEWEN, YVONNE		2.2 NAME							
STREET ADDRESS	11435 LANE PARK ROAD		2.3 STREET ADDRESS							
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP	/ 						
TITLE		DELETE	3.1 TITLE	Che	inge Addition					
NAME			.3.2 NAME							
STREET ADDRESS		1	3.3 STREET ADORESS							
CITY-ST-ZIP	l		3.4. CITY+ST-ZIP	 						
TITLE		DELETE	4.1 TITLE	□ Cha	inge 🗌 Addition					
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS	,						
CITY-ST-ZIP	· 	i	4.4 CITY-ST-ZIP) 	E7 4 400					
TITLE		DELETE	5.1 TITLE	□ Cha	ange Addition					
NAME		(5.2 NAME	•						
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP							
trile .		DELETE	6.1 TITLE	☐ Cha	ange 🔲 Addition					
NAME		1	6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP	·						

14. Thereby certify that the information supplied with this filing 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-89

352-242-2335

Daytime Phone #

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Zip Code

FILED Apr 23, 1999 8:00 am Secretary of State

CR2E034 (11/98)