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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90016 026 ***150.00

DOCUI	MENT # M6710	6				
1. Corporation	n Name					
MCCLAII	n realty, inc.			!		
			•			
Principal Place	e of Business	Mailing Address		I \$6010011 \$10 \$\$111 1060\$ FOIS BOLLO USIN 91	DI) BYBİL BİİLI İYBIL B	(11) 1343 (111) <u> </u>
19606 RHEA SE	EE DR.	19606 RHEA SEE DR.				
SUITE 206		206				
LUTZ FL 33549		LUTZ FL 33589		DO NOT WRITE IN T	HIS SPACE	
US		US		3. Date Incorporated or Qualifed		
B. Dringing D	lace of Business	2a. Mailing Address		01/28/1988 4. FEI Number		plied For
·	lace of Business	⊢		59-2897482		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A	
22	,,, 5.5.	27		5. Certifcate of Status Desired	Fee Re	
City & State	9	City & State		6. Election Campaign Financing	\$5.00	Mav Be
23		28		Trust Fund Contribution	Added to	, I
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29 :	30	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent	
MCC	HAIN IOHN W		81 Name M	CLAIN, JOHN W		
MCCLAIN, JOHN W. 18125 HWY 41 N.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	o ·	
#206			196	06 KHEA SEE D	<u>K. </u>	
#200 LUTZ FL 33549			83 L	エ ニ		
			84 City		85 Zip C	ode (Q
		00 007 4500 Flacida Otal da		oration submits this statement for the purpose		SY /
. 11. Pursuant	to the provisions of Sections 607.050	UZ and 607.1508. Fiorida Statutes	s, the above-named corb	ioration submits this statement for the purpose	e or changing its i	recistered i
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the ap	pointment as reg	gistered
office or re	egistered agent, or both, in the State of familiar with, and accept the obliga	e of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corporation ida Statutes.	on's board of directors. I hereby accept the ap	pointment as reg	gistered
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6.4 CITY-ST-ZIP

14. I hereby 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 coperation 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 shanged or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 7/3 949-8888 Daytime Phone #

CR2F034 (11/9)