

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 JUN 14 AM 10:09

DOCUMENT # M71326 (6)

1. Corporation Name
MHCA ENTERPRISES, INC.

Principal Place of Business: **2846-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308**
Mailing Address: **2846-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/09/1988	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2887045	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEVEY, DONALD J. 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and fee # application. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ROBERT S	1.2 NAME	
STREET ADDRESS	130 W NORTH ST	1.3 STREET ADDRESS	
CITY ST ZIP	NEW CASTLE PA	1.4 CITY - ST - ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, BERT	2.2 NAME	
STREET ADDRESS	215 N THIRD ST	2.3 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DAVID P	3.2 NAME	
STREET ADDRESS	1600 OLIVE ST	3.3 STREET ADDRESS	
CITY ST ZIP	SEATTLE WA	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEL, WILLIAM C.	4.2 NAME	
STREET ADDRESS	715 N COLLEGE AVE	4.3 STREET ADDRESS	
CITY ST ZIP	EL DORADO AR	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVEY, DONALD J.	5.2 NAME	
STREET ADDRESS	2846A REMINGTON GREEN CIR	5.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTE, WILLIAM	6.2 NAME	
STREET ADDRESS	700 AIRPORT RD	6.3 STREET ADDRESS	
CITY ST ZIP	LAKEWOOD NJ	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Hevey 6/6/95 904-385-5754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (395)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

5 1995

DOCUMENT # M72687 (0)

1. Corporation Name
SUNSTATE VENTURES, INC.

Principal Place of Business Mailing Address
1900 RINGLING BLVD SARASOTA FL 34239 US **1900 RINGLING BLVD SARASOTA FL 34239 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/14/1988** 3a. Date of Last Report **05/12/1994**

4. FEI Number **65-0040739** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. The corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

8. Name and Address of Current Registered Agent
**MESHAD, JOHN W.
SYPRETT, MESHAD, RESNICK & LIEB, P.A.
1390 MAIN ST STE 1100
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(If 21) Registered Agent signature required when registering

GATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIPPERS, EUGENE B.	12 NAME	
STREET ADDRESS	550 NORTH REO ST., #105	13 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESHAD, JOHN W.	22 NAME	
STREET ADDRESS	1900 RINGLING BLVD.	23 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	24 CITY, ST, ZIP	
TITLE	DST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSHIP, CHARLES	32 NAME	
STREET ADDRESS	550 NORTH REO ST., #105	33 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Charles Winship
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95 (B13)2B2-3607
Date Taxpayer's Name

CR2E034 (3/95)