

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **03/09/1988**  
3a. Date of Last Report: **06/14/1995**

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

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, ROBERT S</b>	1.2 NAME	
STREET ADDRESS	<b>130 W NORTH ST</b>	1.3 STREET ADDRESS	<b>12550 Biscayne Blvd, Ste 919</b>
CITY-ST-ZIP	<b>NEW CASTLE PA</b>	1.4 CITY-ST-ZIP	<b>N. Miami FL</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACEY, BERT</b>	2.2 NAME	
STREET ADDRESS	<b>215 N THIRD ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, DAVID P</b>	3.2 NAME	
STREET ADDRESS	<b>1600 OLIVE ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEATTLE WA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEEL, WILLIAM C.</b>	4.2 NAME	<b>Marilyn LaCelle</b>
STREET ADDRESS	<b>715 N COLLEGE AVE</b>	4.3 STREET ADDRESS	<b>2704 I Street N.E.</b>
CITY-ST-ZIP	<b>EL DORADO AR</b>	4.4 CITY-ST-ZIP	<b>Auburn WA</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEVEY, DONALD J.</b>	5.2 NAME	
STREET ADDRESS	<b>2846A REMINTON GREEN CIR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SETTE, WILLIAM</b>	6.2 NAME	
STREET ADDRESS	<b>700 AIRPORT RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKEWOOD NJ</b>	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 119.07(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 1/18/96 904 385-5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)