

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

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M71326** (6)

1. Corporation Name
MHCA ENTERPRISES, INC.

Principal Place of Business 2848-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308	Mailing Address 2848-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308-1543
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1988	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2887045		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HEVEY, DONALD J.
2848-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ROBERT S	1.2 NAME	
STREET ADDRESS	12550 BISCAYNE BLVD STE 919	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACEY, BERT	2.2 NAME	BRINKER, ERVIN R
STREET ADDRESS	215 N THIRD ST	2.3 STREET ADDRESS	140 W. MICHIGAN AVENUE
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	BATTLE CREEK, MI
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, DAVID P	3.2 NAME	SIDWELL, LLOYD H.
STREET ADDRESS	1800 OLIVE ST	3.3 STREET ADDRESS	2707 N. LOOP WEST, # 520
CITY-ST-ZIP	SEATTLE WA	3.4 CITY-ST-ZIP	HOUSTON, TX
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACELLE, MARILYN	4.2 NAME	
STREET ADDRESS	2704 I STREET NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN WA	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVEY, DONALD J.	5.2 NAME	
STREET ADDRESS	2848A REMINTON GREEN CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	CD <input checked="" 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 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.

SIGNATURE:

Donald J. Hevey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Hevey

4/21/97
Date

904-385-5954
Daytime Phone #

CR2E034 (9/96)