

5-13-98 B- 7241 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 2846-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308	Mailing Address 2846-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/09/1988	
4. FEI Number 59-2887045		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEVEY, DONALD J. 2846-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	
				84	City
				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	TD	1.1 TITLE	Secretary
NAME	WARD, ROBERT S	1.2 NAME	Anthony A. Kopera
STREET ADDRESS	12550 BISCAYNE BLVD STE 019	1.3 STREET ADDRESS	4740 North Clark Street
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	Chicago, Illinois 60640
TITLE	SD	2.1 TITLE	Treasurer
NAME	BRINKER, ERVIN R.	2.2 NAME	
STREET ADDRESS	140 W. MICHIGAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	2.4 CITY-ST-ZIP	
TITLE	VCD	3.1 TITLE	Vice Chairman
NAME	SIDWELL, LLOYD H.	3.2 NAME	Wesley R. Davidson
STREET ADDRESS	2707 N. LOOP WEST #520	3.3 STREET ADDRESS	One Vaughn Place
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Caribou, Maine 04736
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
NAME	HEVEY, DONALD J.	5.2 NAME	
STREET ADDRESS	2846A REMINTON GREEN CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	SETTE, WILLIAM	6.2 NAME	
STREET ADDRESS	700 AIRPORT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKWOOD NJ	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 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* **5/13/98**

CR2E034 (10/97)