5-13-98 B- 72 41 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71326

(6)

MHCA ENTERPRISES, INC.

FILED
May 13 1998 8:00am
Secretary of State



Principal Place	Mailing Address	g Address							
2846-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308		2846-A REMINGTON GREEN CIR. TALLAHASSEE FL 32308				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifie 03/09/1988		OFACE	
2. Principal Pla	ace of Business	2a. Mailing Address			····	4. FEI Number	·	I IA	pplied For
21		26				59-2887045			ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27	27			5. Certificate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing	 1	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zφ	Col	untry		8. This corporation owes or has	paid the cu	urrent year in	tangible
24	25	29	30			Personal Property Tax due Ju	ine 30.	Yes [□ No
	9. Name and Address of Curren	I Registered Agent		ļ <u></u>		10. Name and Address of New	Registered	J Agent	
HE	VEY, DONALD J.			81 Na	ame				
284	6-A REMINGTON GREEN CIRCL	E	82 Street A			ess (P.O. Box Number is Not Accep	ntable)		
TAL	LAHASSEE FL 32308						,,,,,,		
				83	.,				
				84 Ci	tv	·····		85 Zip	Code
					•		Fl	_ `	
office or re agent. I an	o the provisions of Sections 607.050; gistered agent, or both, in the State of familiar with, and accept the obliga	of Florida, Such change was	authorize	d by the	med corpo corporatio	pration submits this statement for the on's board of directors. I hereby ac	e purpose cept the ap	of changing i pointment as	ts registered registered
SIGNATURE 5	ilgnature, typed or presed name of regulared ager	nt and title diagnificable (NC	ITE: Registere	d Agent sig	nature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.	origon to	- Corona radional	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	TD	CT DELETE	1.1 1	ITLE	Sec	retary		Change	X Addition
NAME >	WARD, ROBERT S		1.2 N	AME		hony A. Kopera			M7(
STREET ADDRESS	12550 BISCAYNE BLVD STE	919	135	TREET ADDE		O North Clark Stre	Δŧ		
CITY-ST-ZIP	N MIAMI FL			ITY-ST-ZIP		cago, Illinois 60			
TITLE	8D	DELETE	2.1 1			asurer	<u> </u>	XX Change	Addition
NAME	BRINKER, ERVIN R.		2.2 N		116	asurer		Y X	
STREET ADDRESS	140 W. MICHIGAN AVE			TREET ADDE	IFSC	•			
CITY-ST-ZIP	BATTLE CREEK MI			SITY-ST-ZIF					
TITLE	VCD	XX DELETE	3.1 7			e Chairman		Change	XXAddition
NAME	SIDWELL, LLOYD H.	_	3.2 N		4	ley R. Davidson			
STREET ADDRESS	2707 N. LOOP WEST #520			TREET ADOR		Vaughn Place			
CITY-ST-ZIP	HOUSTON TX			HTY-ST-Z#		ibou, Maine 04736			
TITLE	D	XX DELETE	4.1 T			1204) 1141110 01100		Change	Addition
NAME >	LACELLE, MARILYN	777	4.21						
STREET ADDRESS	2704 I STREET NE			TREET ADDA	ESS				
CITY-ST-ZIP	AUBURN WA		- i .	ITY-ST-ZIP					
TITLE	P	DELETE	5.1 T					Change	Addition
NAME	HEVEY, DONALD J.		5.2 N						
STREET ADDRESS	2846A REMINTON GREEN CI	R		TREET ADDA	ESS				
CITY-ST-ZIP	TALLAHASSEE FL			ITY-ST-ZIP					
TITLE	CD	DELETE	6.1 7					Change	Addition
NAME	SETTE, WILLIAM		6.2 N					-170-190	
STREET ADDRESS	700 AIRPORT RD			rreet addr	FSS				
CITY-ST-ZIP	LAKEWOOD NJ			1Y - S1 - ZIP	1				
VIII - U (- EM			U.4 U	11.51.71					

14. I hereby certify that the information supplied with this filling 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 suppliemental 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.

MATURE COMPANY THE MENTER WINDS