

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90199 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M71326**

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
21 1876-A Eider Court
 Suite, Apt. #, etc.

2a. Mailing Address
26 1876-A Eider Court
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
03/09/1988

4. FEI Number
59-2837045

Applied For
 Not Applicable

22 City & State
23 Tallahassee, FL 32308

27 City & State
28 Tallahassee, FL 32308

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

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

24 Zip **32308** 25 Country

29 Zip **32308** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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)
1876-A Eider Court
 83
 84 City **Tallahassee,** 85 Zip Code **FL 32308**

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	KOPERA, ANTHONY A	
STREET ADDRESS	4740 N CLARK ST	
CITY-ST-ZIP	CHICAGO IL 60640	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRINKER, ERVIN R.	
STREET ADDRESS	140 W. MICHIGAN AVE	
CITY-ST-ZIP	BATTLE CREEK MI	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	DAVIDSON, WESLWY R	
STREET ADDRESS	ONE VAUGHN PL	
CITY-ST-ZIP	CARIBOU ME 04736	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEVEY, DONALD J.	
STREET ADDRESS	2846A REMINTON GREEN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SETTE, WILLIAM	
STREET ADDRESS	700 AIRPORT RD	
CITY-ST-ZIP	LAKEWOOD NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davidson, Wesley R.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1876-A Eider Court
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Donald J. Hevey* DONALD J. HEVEY 4/29/99 850-942-4900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)