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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84049 1. Corporation Name

THE MCS GROUP, INC.

Principal Place of Business Mailing Address						E (##################################	81818 1812 BJB/1 1		1811 81815 1801
241 INTERSTATE COURT 241 INTERSTATE COURT									
SARASOTA FL 34240-9496		SARASOTA FL 34240-9496			DO NOT W	RITE IN THIS	SDACE		
						Date Incorporated or Qualife		3FACE	
						06/06/1988	·u		
a Dain sin al Di	ass of Pusings	2a. Mailing Address				4. FEI Number		Apr	plied For
	ace of Business	26. Walling Address				65-0088451			t Applicable
Suite, Apt. i	# etc	Suite, Apt. #, etc.						\$8.75 A	
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City & State				6. Election Campaign Financin	9 🗇	\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	у		8. This corporation owes the co	ırrent year In		
24	25	1-71	30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of Nev	Registered	Agent	
LIADI	NT MITCHELL I		81	i Na	ame				
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			84	4 Ci	ty			85 Zip C	Code
43.							<u> </u>	<u> </u>	registered
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	s, the above thorized by	ve-na v the	corporatio	n's board of directors. I hereby acc	cept the appo	intment as reg	gistered
agent. I as	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statute	s.	•				
SIGNATURE				s.		<u> </u>			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Age	s.		when reinstating) - Night	DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Age	S. ent sign		when reinstating) - N.C. ADDITIONS/CHANGES TO C	DATE		
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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 or an attachaptent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90021 032 ***158.75