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

FILED Mar 27 1998 8:00am Secretary of State

	MENT # M902 M.C. ASSOCIATES, INC.	98 (4)							
Principal Place of Business Mailing Address						F IODADBEE LEW EDRA DURING ANDER IDEN F	DIA BINAK NININ NINI		
1061 N.E. 28TH TERRACE 1061 N.E. 28TH TERRACE									
POMPANO BEACH FL 33062 POMPANO BEACH FL 330				062		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						07/14/1988			
2. Principal P	Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21						65-0061032		No	t Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		-	Additional
22				A Firstin Consider F				ee Re	<u> </u>
23	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip				intry		8. This corporation owes or has paid			
24	25 29 30			-		Personal Property Tax due June 3	`		DNo
	9. Name and Address of Currer	nt Registered Agent			···	10. Name and Address of New Reg	istered Agent		
	RATTE, MICHEL			81	Name				
1061 N.E. 28TH TERRACE				82	Street Addre	ss (P.O. Box Number is Not Acceptable	8)		
POMPANO BEACH FL 33062									
				63					
				64 (City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip C	Code
44 Durouppt	to the provisions of Spetions 607 060	02 and 607 1609 Florida C ta	tuton the n		annad saras	oration submits this statement for the pu		oloo ita	2 rogistorod
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	eol Florida. Such change wa	is authorize	d by th	he corporation	n's board of directors. I hereby accept	the appointme	ent as i	registered
SIGNATURE	Signature, typed or printed name of registered ag-		(3) D			d when reinstating)	DATE		
12,		ID DIRECTORS	13.	o Agent s	algnature required	ADDITIONS/CHANGES TO OFFICE	 	CTOR	S IN 12
TITLE	D DELETE			1.1 TITLE		71051110110110110110110110110110110110110	CI		Addition
NAME	RATTE, MICHEL		1.2 N	1.2 NAME					
STREET ADDRESS	1061 N.E. 28TH TERRACE		1.3 S	1.3 STREET ADDRESS					ì
CITY-ST-ZIP	POMPANO BEACH FL		1.4 0	1.4 CITY - ST - ZIP			•		
TITLE	D			TLE			□ Cr	nange	Addition
NAME	RATTE, MARLEYNE		2.2 N	. 2.2 NAME					
STREET ADDRESS	1081 NE 28TH TERR.		2.3 STREET ADDRESS		ORESS				
CITY-ST-ZIP	POMPANO BCH. FL	D becere	2. 4 CiTY-ST-ZiP		ZIP				
TITLE	☐ DELETÉ			3.1 TITLE 3.2 NAME			L_J CI	nange	Addition
NAME STREET ADDRESS					voncco				
STREET ADDRESS				REET AD					
CITY-ST-ZIP TITLE				3.4. CITY - ST - ZIP 4.1 TITLE			□ Cr	ange	Addition
NAME			4.2 N						
STREET ADDRESS				REET AD	ORESS				İ
CITY-ST-ZIP			4.4 CI	TY-ST-Z	ZIP				
TITLE		DELETE	5.1 TI				☐ CH	ange	Addition
NAME			5.2 N	ME					
STREET ADORESS			5.3 \$1	REET AD	DAESS				
CITY-ST-ZIP	*****			TY-ST-Z	ZIP				
TITLE		DELETE	6.1 TI				☐ CH	ange	Addition
NAME			6.2 N/						
STREET ADDRESS			0.001	DECK NO	norce I				I
CITY-ST-ZIP				reet aoi ty-st-z	i i				l

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, Annual reports an address.