


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002858 (5)

1. Corporation Name

MCLEAN MINISTRIES, INC.



Principal Place of Business	Mailing Address
8935C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436	8935C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified	05/20/1997
4. FEI Number	65-0756026
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Boynton Bch FL	26 18 Knightsbridge Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 18 Knightsbridge Lane	27
City & State	City & State
23 Boynton Bch FL	28 Boynton Bch, FL
Zip	Zip
24 33462	29 33462
Country	Country
25 USA	30 USA

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MCLEAN, TRACY 8935C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Tracy McLean* (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCLEAN, TRACY
STREET ADDRESS	8935C THUMBWOOD CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCLEAN, JOHN T III
STREET ADDRESS	8935C THUMBWOOD CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	VD <input type="checkbox"/> DELETE
NAME	CONEY, LENDIE ANN
STREET ADDRESS	5820 G17 MURRAY AVENUE
CITY-ST-ZIP	HANAHAN SC 29408
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Tracy McLean Pres.* DATE: 4/21/98 561-963-7566

CR2E037 (10/97)