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PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14803** **(1)**

1. Corporation Name
MCLARNON ENTERPRISES, INC.

Principal Place of Business
121 NORTH ST.
GREENWICH CT 06830

Mailing Address
121 NORTH ST.
GREENWICH CT 06830-4722

3. Date Incorporated or Qualified
06/11/1987

3a. Date of Last Report
02/20/1996

4. FEI Number
59-2869398

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

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

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

8. This corporation has liability for unemployment tax under s. 443.036 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
PLYLER, J. PHILIP
111 MADISON STREET
SUITE 3020
TAMPA FL 33602-4793

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 607.0502 and 607.0505, 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
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	MCLARNON, CHARLES P.	
STREET ADDRESS	121 NORTH ST	
CITY-ST-ZIP	GREENWICH CT	
TITLE	SD	[ ] DELETE
NAME	PLYLER, J. PHILIP	
STREET ADDRESS	111 MADISON ST., S-3020	
CITY-ST-ZIP	TAMPA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby 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 in compliance with the current calendar year.

SIGNATURE: 4/16/97 2023 441 8265

CR2EO34 (9/95)