Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000023999

Country

9. Name and Address of Current Registered Agent

25

CANELLI, MARCELLINE B

316-60TH ST NW

1. Corporation Name

MCRX, INC.

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MODA) INO		
Principal Place of Business	Mailing Address	
5773 MANATEE AVE W BRADENTON FL 34209 US	PO BOX 14329 BRADENTON FL 34280 US	
Principal Place of Business 21	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

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

03-29-1999 90022 012 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

03/29/1993

65-0399874

4. FEI Number

BRADENTUN FL 34209			83						
		ţ		City		FL	. `	Code	
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flor m familiar with, and accept the obligations o	ida. Such change was au	ithorized by th	named corporation	oration submits this statement f on's board of directors. I hereby	or the purpose of accept the appoi	changing its ntment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent and tith	e if andicable (NOTE:	Registered Agent s	sionature required	1 when reinstating)	DATE			
12.	OFFICERS AND DIR		13.			IONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	ST	☐ DELETE	1.1 TITLE		<u></u>		Change	Addition	
NAME	CANELLI, ROBERT A		1.2 NAME						
STREET ADDRESS	316-60TH ST NW		1.3 STREET A	DDRESS					
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-	ZIP					
TITLE	P	☐ DELETE	2.1 TITLE	-			Change	Addition	
NAME	CANELLI, MARCELLINE B		2.2 NAME						
STREET ADDRESS	316 60TH ST NW		2.3 STREET A	ODRESS					
CITY-ST-ZIP	≤BRADENTON FL		2. 4 CITY-ST-	ZIP	· •				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME.			3.2 NAME						
STREET ADDRESS			3.3 STREET A	DORESS					
CITY-ST-ZIP			3.4. CITY-ST-	ZiP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME					•	
STREET ADDRESS			5.3 STREET A	ODRESS					
CITY-ST-ZIP			5.4 CITY+ST-	ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS	portanga ki o rikiper		6.3 STREET A	NDORESS					
CITY-ST-ZIP :-			6.4 CITY-ST-	- ,					
14. I hereby	certify that the information supplied with this	filing does not qualify for	the exemptio	n stated in S	Section 119.07(3)(i), Florida Sta	tutes. I further ce	rtify that the	information I am an	

Country

81 Name

30

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed,

SIGNATURE

032699