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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000029156 (5)

MCCARTHY INVESTMENTS, INC.

FILED Apr 23 1997 8:00am Secretary of State

550 SCOTT DR ORMOND BEAC US		Mailing Address P.O. BOX 37 ORMOND BEACH FL 32 US	1175-0037			
				 Date Incorporated or Qualified 04/20/1993 	3a. Date of Las 04/09/1996	•
2. Principal Pl	lace of Business 1 ORANGE GROVE DR	2a. Mailing Address	ANGE GROVE DR	4, FEI Number 59-3179152	ļ	Applied For Not Applicable
21 201- Suite, Apt 22	#, etc.	Suite, Apt. #, etc.	HNGE GRAVENK	5. Certificate of Status Desired	\$8.7	Additional Regulred
City & State	~~~		RIC	6. Election Campaign Financing		May Be
23 URA	MOND BEL FL	City & State Demo ND	BCK, PL	Trust Fund Contribution	·	d to Fees
24 32	174 25 USA	71p 32174	Country 30 US A	8. This corporation has liability for in Florida Statutes	ntangible tax unde] Yes □ No	r s. 199.032,
<u> </u>	g. Name and Address of Current	1 - 1	1301 25 77	10. Name and Address of New Reg		····
11. Pursuant office or nagent. La	to the provisions of Sections 607 050/ egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Sta of Florida Such change wa tions of Section 607.0505,	84 CityOR natures, the above-named corporar sauthorized by the corporar Florida Statutes.	MOND BA poration submits this statement for the p tion's board of directors. I hereby accep		p Code 32176 g its registered as registered
	Signature, typest or printed name of registered agor		NOTE: Registered Agent signature requi		DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Chang	
	MCCARTHY, DOUGLAS P		4.0.1141/5	0 5	• •	-
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STREET ADDECSS CITY - S1 - 712 THEE NAME	ORMOND BEACH FL DS MCCARTHY, MARIA	DELETE	2.2 NAME	SCAPISTRAND OR DRMOND BUL, FL	32/76 Chang	e Addition
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If you hards y certify that the informator supplied with his hing goes not quality for the exemption stated in section 119.07(f), higher statutes. Further carry 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 of changed, or on an attachment with an address.

IGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 (904)676-9495 Dayline Phone #