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

DOCUMENT # P93000029156 (5)

FILED Mar 12 1998 8:00am Secretary of State

MCCARTHY INVESTMENTS, INC.			
Principal Place of Business Mailing Address		- i nagribāti ald ingal artin gárin gatar bátar batar antin indi	A INCHA BINDE DIANE DIAL CONT
201-1 ORANGE GROVE DR 201-1 ORANGE GROVE DR ORMOND BEACH FL 32174 ORMOND BEACH FL 32175 US		DO NOT WRITE IN THIS	SPACE
) · 60		3. Date Incorporated or Qualified	
		04/20/1993	
2. Principal Place of Business 2s. Mailing Address		4. FEI Number	Applied For
21 45 CAPISTRANO DR. 26		59-3179152	Not Applicable
Suite, Apt. #, otc Suite. Apt. #, otc.		5. Certificate of Status Desired	\$8.75 Additional
22 27			Fee Required
City & State City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country Zip Zip	Country		Added to Fees
	10	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered	
MCCARTHY, DOUGLAS P	81 Name		
45 CAPISTRANO DR	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ORMOND BEACH FL 32176	DI BIT AGGRE	ess (F.C. Dox Number is Not Acceptable)	
	83		
	84 City		85 Zip Code
	1 1 7	FL	. 1 1
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor 	s, the above-named corporation in the corporation i	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE			
Signature, typed or pooled name of regetered agent and the if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE OP DECETE	1.1 TITLE	Dovolar 8. Mc Carthy	Change
NAME MCCARTHY, DOUGLAS P STREET ADDRESS 550 SCOTT DRIVE	1.2 NAME	-Con-	
ODMOND BEACH EI	1.3 STREET ADDRESS	5 CAPISTRANO DR.	-/
CITY-SI-ZIP ORMOTO BEACH PL TITLE DS	1.4 CITY-ST-ZIP	RMOND Bel, Fr. 321	Change
NAME MCCARTHY, MARIA	22 NAME	CARTAY, MARIA	· _
STREET ADDRESS 45 CAPISTRANO DR	2 3 STREET ADDRESS	01-1 DRANGE GRO	reDe.
CITY-SI-ZIP ORMOND BCH FL	2.4 City-St-zip	Demanda Bel E. 30	174
TITLE DELETE	3.1 TITLE	2140100 25,72100	Change Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-S1-2IP	3.4. CITY-ST-ZIP		
TITLE DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME.	4. 2 NAME		ſ
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	44 CITY-ST-ZIP		
TITLE DELFTE	5.1 TITLE		Change
NAME	5 2 NAME		ł
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		Change Addition
TITLE DELETE	61 TIPLE		Change Addition
NAME STREET ADDRESS	6.2 NAME		
CONTRACTOR AND			
CITY-ST-ZIP	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

4. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if charged, or on an attachment with an address.

| SIGNATURE:

merca In Cans

5/98 (904)676-9495