

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000062538 (2)

1. Corporation Name
MCCUNE ENTERPRISES, CORP.

Principal Place of Business 12145 SW 90 AVE MIAMI FL 33178	Mailing Address 12145 SW 90 AVE MIAMI FL 33178-5106
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2. Principal Place of Business 21 9516 SW 148th AVE Cir. E. Suite, Apt. #, etc.		2a. Mailing Address 26 9516 SW 148th AVE Cir. E. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/08/1993	3a. Date of Last Report 01/25/1996
22 City & State 23 Miami Fla		27 City & State 28 Miami Fla		4. FEI Number 65-0434399	Applied For Not Applicable
24 Zip 33196		29 Country DADE		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
25 Dade		30 33196		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134				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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCUNE, H.G.		1.2 NAME McCune H.G.	
STREET ADDRESS 12145 SW 90TH AVE		1.3 STREET ADDRESS 9516 SW 148th AVE Circle E	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami Fla 33196	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCUNE, N.G.		2.2 NAME McCune H.G.	
STREET ADDRESS 12145 SW 90TH AVE		2.3 STREET ADDRESS 9516 SW 148th AVE Circle E	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI FL 33196	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCUNE, H.G.		3.2 NAME McCune H.G.	
STREET ADDRESS 12145 SW 90TH AVE		3.3 STREET ADDRESS 9516 SW 148th AVE Circle E	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI Fla 33196	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCUNE, H.G.		4.2 NAME McCune, N G	
STREET ADDRESS 12145 SW 90TH		4.3 STREET ADDRESS 9516 SW 148th AVE Circle E	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI Fla 33196	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Mortham

4/1/97

Date

Daytime Phone #

0240437

CR2ED34 (9/96)