

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000064212 (2)

1. Corporation Name

MCNEIL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4702 AVENUE O  
FT PIERCE FL 34947

P.O. BOX 4535  
FT PIERCE FL 34948  
US



3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7889 Saddlebrook Dr.

26 P.O. Box 12936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Fort St. Lucie, FL

28 Ft. Pierce, FL

Zip

Country

Zip

Country

24 34986

25 US

29 34986-2936

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARKE, LEONARDO D.  
3340 MCDONALD STREET  
SUITE 3600  
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent Signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MCNEIL, RYAN D  
STREET ADDRESS 4702 AVENUE O  
CITY-ST-ZIP FT PIERCE FL 34947

DELETE

TITLE V  
NAME HAYWOOD, ROSE M.  
STREET ADDRESS P.O. BOX 3862 N/A  
CITY-ST-ZIP FT. PIERCE FL

DELETE

TITLE V  
NAME COLLINS, PATSY H.  
STREET ADDRESS 2803 ESSEX DR.  
CITY-ST-ZIP FT. PIERCE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

(561) 465-5157

CR2E034 (3/96)