FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:07

DOCUMENT # P93000076714 (3)

1. Corporation Name
MCS, INC.

Principal Place of Business
1803 S AUSTRALIAN AVE
STE A
W PALM BEACH FL 33409

Mailing Address
1803 S AUSTRALIAN AVE
STE A
W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0446994 — Applied For / Not Applicable

2. Principal Place of Business
21 4360 NORTHLAKE BL
22 Suite, Apt. #, etc. #205
23 City & State PALM BCH GARDENS FL
24 Zip 33410 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc. SAME
28 City & State AS '2'
29 Zip 30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFSKY EA PA
1803 S AUSTRALIAN AVE
STE A
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 4360 NORTHLAKE BLVD
83 #205
84 City PALM BCH GARDENS FL 85 Zip Code 33410

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 title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	BERGER, IRENE	1.2 NAME	
STREET ADDRESS	1803 S AUSTRALIAN AVE #A	1.3 STREET ADDRESS	4360 NORTHLAKE BLVD 205
CITY-ST-ZIP	W PALM BEACH FL 33409	1.4 CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Irene Berger IRENE BERGER 2-10-95 407-694-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240340 CP