SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078979 (0)

FILED Sep 18 1997 8:00am Secretary of State

MEMBERSHIP ACQUISITION CONCEPTS, INC.								i				
and the sail of the							1 1 05 11 06 1 11 0 101 0 1 111	(1 46 0) (48 1) 10 1			110 1011 1001	
Principal Place of Business Mailing Address							1 (541198) (12 (6169)11	,,, 		10110 10111 100	Ta	
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FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301						- (DO NOT WRITE IN THIS SPACE					
						3	 Date Incorporated 	or Qualified	3a. Da	te of Last R	eport	٦
							11/10/1993 04/04/1996					_
	lace of Business	2a. Mailing Address	∱¬				, FEI Number		•	h	oplied For	4
21		Suite, Apt. #, etc.				65-0455773 Not Applicational S8.75 Additional					븨	
Suite, Apt.	#, etc.	27.			5	. Certificate of Status	Desired		• • • • •	Additional equired		
City & State	а	City & State				. Election Campaign	Einanoina			May Be	┨	
23	-	28				"	Trust Fund Contribu	-			to Fees	İ
Zip									as paid the current year Intangible			
24	25	29	30				Personal Property T	ax due Juné	30. C] Yes [] No	
	9. Name and Address of Current	Registered Agent					, Name and Addres	s of New Meg	istered A	igent		_
	CONNELL, SALLY			81	Name)						
	HENDRICKS ISLE			82	Street	Address (P.O. Box Number is I	Not Acceptable	ie)			7
FOF	RT LAUDERDALE FL 33301							·				4
				83								
				84	City				FL	85 Zip (Code	7
44 Dureupot	to the provisions of Spetions 507 0502	and 607 1509. Florida Statut	os the e	boyo	namoo	d corporatio	on submite this states	nont for the n		Changing i	to registered	4
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	authorize	d by	the cor	rporation's	board of directors.	nereby accep	t the appo	alntment as	registered	ļ
agent. I a	m tamiliar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Stat	tutes								1
SIGNATURE	Signalure, typed or printed name of registered agent	and fille if applicable. (NOT	E Registere	d Ager	nt signatur	re required wha	en reinstaling)		DATE			-
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTOF	3S IN 12	٦£
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NAME	MCCONNELL, SALLY A	1.3 S 1.4 C		1.2 NAME 1.3 STREET ADDRESS		1						18
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CITY-ST-ZIP	an and the that the information and had	with this filling does not a rate	6.4 CI	IY-SI		Noted in S	notion 40 07/3/3) El	orido Ctatutas	14			4

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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 admired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an atlachment with an address.