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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90097 026 \*\*\*150.00

## DOCUMENT # P93000079730 1. Corporation Name

M & C ENTERPRISES OF SEBRING, INC.

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Principal Place of Business Mailing Address						i charepar sia chiae sieri delic adut editi ag	II 16619 18111 1881	88 min 2011 (00)
3025 SILVER S	TAR RD.	3025 SILVER STAR ROAD	3025 SILVER STAR ROAD					
#107		107				DO NOT WRITE IN THE OBACE		
Orlando FL 3 US	32808	US US 12808	ORLANDO FL 32808			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed		
00		00			ţ	11/18/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	Applied For
21		26				65-0440976	1	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional	
22		27				5. Certificate of Status Desired	Fee F	Required
City_& Stat	0	City,&.State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	}	This corporation owes the current year     Personal Property Tax.	Intangible Yes	□No
24	9. Name and Address of Curre	<del></del>	301			10 Name and Address of New Registere		
<del></del>	g. Hama and Address of Carre	The regional out of the regions		81 Name		10.		
	SELL T. CARR		ŀ	00 04-		- (D.O. Bay Number is Not Assentable)		
3025 SILVER STAR RD.			(1	82 Stree	et Addres	s (P.O. Box Number is Not Acceptable)		
#107			f	83				
ORL	ANDO FL 32808		}-	84 City			. 85 Zip	Code
}			}	84 City		F	L   "   2   P	0006
Office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized	hy the cor	ed corpora rporation's	ation submits this statement for the purpose 's board of directors. I hereby accept the app	of changing it pointment as r	ts registered registered
SIGNATURE								
ļ	Signature, typed or printed name of registered ag	<del></del>		gent signatur	w beniupen en	Men reinstating) DATE		
12.	DTS OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT Change	
NAME	CARR, INGA K	الم محددة	1.2 NAA		-		[ ] change	
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14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: