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Apr 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

DOCUMENT # P94000000265 (6)

1. Corporation Name
MCB CORPORATION OF WEST FLORIDA



Principal Place of Business
**1212 WASHINGTON ST
 GLOUCESTER MA 01930-1055
 US**

Mailing Address
**1212 WASHINGTON ST
 GLOUCESTER MA 01930-1055
 US**

3. Date Incorporated or Qualified **12/30/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
 21 **21 HAVEN AVENUE**

2a. Mailing Address
 26 **P.O. Box 2367**

4. FEI Number **58-2092329** Applied For
 Not Applicable

22. City & State
ROCKPORT, MA

27. City & State
ROCKPORT, MA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip **01966** Country **USA**

28. Zip **01966-2367** Country **USA**

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

**A.G.C. CO.
 200 SOUTH ORANGE AVE.
 2300 SUN BANK CENTER
 ORLANDO FL**

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAND, ROBERT	
STREET ADDRESS	1212 WASHINGTON STREET	
CITY - ST - ZIP	GLOUCESTER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAND, <MARYANNE	
STREET ADDRESS	1212 WASHINGTON STREET	
CITY - ST - ZIP	GLOUCESTER MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT BLAND	
1.3 STREET ADDRESS	21 HAVEN AVENUE	
1.4 CITY - ST - ZIP	ROCKPORT, MA 01966	
2.1 TITLE	DIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARYANNE BLAND	
2.3 STREET ADDRESS	21 HAVEN AVENUE	
2.4 CITY - ST - ZIP	ROCKPORT, MA 01966	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(j), 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: Robert Bland **ROBERT BLAND** Date 4/1/97 Office Phone # 508/282-1590

CR2E034 (9/96)