FILED Aug 19, 2002 8:00 am Secretary of State 08-06-2002 90276 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010791 1. Entity Name McCrory Investments Inc.					
DO NOT WRITE IN THIS SPACE					1 PM 4 PM
Principal Place of Business 3. Mailing Address				. 4]	1717
1525 Hendry St. 1470 Royal Suite, Apt. #, etc. Suite, Apt. #, etc.		alm Sq	BVIL	DO NOT WRITE IN THIS S	SPACE
June, M. W. Cit.					
City & State Ft. Myers City & State Ft. Myers Ft. Myers		<u>.</u>	4.1	FEI Number 65-053821 <u>1</u>	Applied For Not Applicable
		ountry	1	Continuent of Status Desirari	\$8.75 Additional
33901 US -	3391-9	US	Ī	ame and Address of Current Registered	Fee Required
		Name			Agent
DO NOT W	Marvin Lo Metheny Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE		1470 Royal Palm Sq: aBlvd.			
		City Ft.	Ft. Myers FL Zip Code 33919		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
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SIGNATURE Signature, typed or presed name of registered agent a	nd this l'appaicable. (NO1L: Regi	istered Agent signature	required when n	enstating) DATL	
January 1 - May 1 Fee is \$150.00				T	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 	ee is \$550.00 3R is \$61.25 o Department o	of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND				0-	56.28.45
TITLE NAME		TITLE NAME	Dermott McNulty . PRESIDENT		# 607 # 607 EXECUTED # 607 EXECUTED # 607
STREET ADDRESS		STREET ADDRESS	2885 Palm Beach Blvd. # 607		. # 607
CITY-ST-ZP		OTY-ST-ZIP	Ft. Myers, FL 33916		77.00
-TITLE NAME		TITLE NAME			
STREET ADDRESS		STREET ADDRESS	14500 Farrington Way #106 Ft. Myers, FL 33912		
CLIA-21-9b		CITY-ST-ZIP	FC. Myels, FD 33912		
TITLE NAME		TITLE NAME			
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE		TE
FCITY-S1-EP		CITY-ST-ZIP			
TITLE NAME		NAME	IN THIS SPACE		√ ⊏
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αη·sι-ΔΡ		TITLE	•		
TITLE NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-SI-ZEP		CIV-SI-20°	Î		
-TITLE MAINE		TITLE NAME		3	
STREET ADDRESS		STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		
CITY-ST-ZP	this filling down not goodful for the	CITY-ST-2P	d in Section	119 07(3)(i). Florida Statutes. Hurther cer	tify that the information
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 indicated on this report or supplemental 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 indicated on this report or supplemental 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 indicated on this report or supplemental 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 indicated on this report or supplemental 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 indicated on this report or supplemental 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 indicated on this report of the same legal effect as if made under oath; that I am an officer or director indicated on this report of the same legal effect as if made under oath; that I am an officer or director indicated on this report of the same legal effect as if made under oath; that I am an officer or director indicated on this report of the same legal effect as if made under oath; that I am an officer or director indicated on the same legal effect as if made under oath; that I am an officer of the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal eff					
Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as a made under oath, that is an an chicke or check 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 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE: Dell (Y. D) CHAY EDIN H BARRY 7/15/02					
STOUTURE AND TITED ON PROTED NAME OF EXPLINE OF DIRECTOR SECTORS OF DIRECTOR SECTORS OF DIRECTORS OF DIRECTOR					

Attachment

P9400001079/ 41717

August 2, 2002

Eoin Barry 14500 Farrington Way #106 Fort Myers FL 33912 -617-282-8350

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee FL 32302-1500

RE: McCrory Investments Inc 1525 Hendry Street Fort Myers FL 33901 65-0538211

Per your request I am sending this letter concerning the late filing penalty for the USB for McCrory Investments Inc. This corporation was acquired in 2001 and the initial notice notifying me of the USB filing requirement was never received. It was delivered to the address of the previous owner or the company. As requested, I am enclosing a check for \$150.00 payable to The Department of State with the completed application for the filing of the USB. Please reinstate the corporation and abate the late filing fee for reasonable cause.

Please call me at the number above if you require any further information.

Sincerely,

Eoin Barry

Enclosure