FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

P94000020793 (3)

DOCUMENT # MR. C. INC.

Principal Place of Business Mailing Address

1913 N STATE ROAD 7

3811 N.W. 99TH AVE.



MARGATE FL 33063		CORAL SPRINGS FL 33065								
U\$						3. Date Incorporated or Qualified 03/16/1994	3a, Date		st Report 7/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 26						65-0476420	····		Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			.75 Additional ee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Count	iry		1		x unde	ers 199.032,	
24	25	29	30			Florida Statutes Yes				
	9. Name and Address of Current	it Registered Agent		aT.		10. Name and Address of New Ro	gistered /	Agent		
			ľ	31	Name					
CEDOLA, RICHARD 3811 NW 99TH AVE. CORAL SPRINGS FL 33065			8	12	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
			8	13						
			8	4	City			85	Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above	_L э-na	amed corpora	tion submits this statement for the purp	ose of cha	 nging	its registered office	
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	da. Such change was authori	ized by the col	rpa	ration's board	of directors. I hereby accept the appo	intment as	registe	ered agent, I am	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (N	NOTE: Registered Ac	gent	Signature required	when reinstating:	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	DPST	DELETE	1. 1 TITL	E] Char	nge 🔲 Addition	
NAME	CEDOLA, RICHARD		1.2 NAM	E						
STREET ADDRESS	3811 N.W. 99TH AVE.		1.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY		- ZIP					
TITLE		DELETE	2. 1 TITL				Ĺ] Char	ige 🛗 Addition	
NAME			2 2 NAM							
STREET ADDRESS			2 3 STRE	ET A	ADDRESS					
CITY-ST-ZIP		PET NO FEE	2 4 CITY		- ZIP			3.0	Project and the second	
THILE		DELETE	3. 1 TITL				L] Char	ege 🔲 Addition	
NAME			3.2 NAM							
STREET ADDRESS					ADORESS					
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TITLE		F] nerese	4. 1 HTL				L] Char	ige	
NAME			4.2 NAM							
STREET ADDRESS			4.3 STRE							
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THILE				5 1 TITLE			L] Char	ige 🔲 Addition	
NAME			5 2 NAM							
STREET ADDRESS	ŧ		5.3 STRE							
CITY - ST - ZIP		Proj mes eve	5 4 CITY		- ZIP			7 6:	Profit	
TITLE		DEFELE	6 1 1111] Char	ige Addition	
NAME	•		6.2 NAMI							
070557 10505500			4.6 (1							
STREET ADDRESS			6.3 STRE		ADDRESS					

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 changes, or on an intachment with applications.

4-2096 Date