

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026420 (7)

1. Corporation Name

MCGHEE & MCGHEE ENTERPRISES INC.



Principal Place of Business

2085 POLO GARDENS DRIVE
SUITE 102
WELLINGTON FL 33414
US

Mailing Address

2085 POLO GARDENS DRIVE
SUITE 102
WELLINGTON FL 33414
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/06/1994	03/03/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0485377	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

MCGHEE, CHARLES E
2085 POLO GARDENS DR.
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81	Name	n/a
82	Street Address (P.O. Box Number is Not Acceptable)	n/a
83		n/a
84	City	n/a
85	Zip Code	n/a

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MCGHEE, CHARLES E	1.2 NAME	
STREET ADDRESS	2085 POLO GARDENS DRIVE #102	1.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	
NAME	MCGHEE, SUSANA S	2.2 NAME	
STREET ADDRESS	2085 POLO GARDENS DRIVE, #102	2.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	MCGHEE, SUSANA S	3.2 NAME	
STREET ADDRESS	2085 POLO GARDENS DRIVE, #102	3.3 STREET ADDRESS	
CITY - ST - ZIP	WELLINGTON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME	N/A	4.2 NAME	
STREET ADDRESS	N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	N/A	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME	N/A	5.2 NAME	
STREET ADDRESS	N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	N/A	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME	N/A	6.2 NAME	
STREET ADDRESS	N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	N/A	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

CHARLES MCGHEE

4-22-96

407-795-7738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)