

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000030561 (2)
 1. Corporation Name
MCR INDUSTRIES, INC.



Principal Place of Business 7246 55TH AVE. E. BRADENTON FL 34203 US	Mailing Address P.O. BOX 996 PALMETTO FL 34220-0996 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1994	
4. FEI Number 65-0482567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	29	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
**MIXON, EUGENE A
 11300 O'NEIL ROAD
 PALMETTO FL 34220-0996**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, EUGENE A	1.2 NAME	
STREET ADDRESS	2908 26TH AVE. E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, R. EMORY	2.2 NAME	
STREET ADDRESS	3134 47TH AVE. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, SCOTT S	3.2 NAME	
STREET ADDRESS	2833 48TH WAY EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXON, CAROLE P	4.2 NAME	
STREET ADDRESS	2908 26TH AVE. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34208	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE: *Eugene A. Mixon* 3/9/98 941-723-0504

CR2E034 (10/97)