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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000040745 (9)

MCDEAD BUGS, INC.

FILED Jan 28 1997 8:00am Secretary of State



000000000000000000000000000000000000000	40	Matter Address					
Principal Place of Business Mailing Address 12172 SW 131 AVE 12172 SW 131 AVE MIAMI FL 33186 MIAMI FL 33186-6471							
					3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report 02/14/1996	
	Principal Place of Business 2a. Mailing Addre		SS		4. FEI Number 65-0503810	Applied For	
Suite, Api	I. #, etc	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional	
22	27				5. Certificate of Status Desired	Fee Required	
City & Sta 23	ate	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	Country		8. This corporation has liability for	or intangible tax under s. 199.032,	
24	25	29	30			Florida Statutes Yes No 10, Name and Address of New Registered Agent	
\	9. Name and Address of Cu	rrent Registered Agent		81 Name		legistered Agent	
WEITZMAN, JACK L 11420 SW 109 RD					Address (D.O. Down Muschania Mat Association)		
MIAMI FL 33176					t Address (P.O. Box Number is Not Acceptable)		
				83			
				84 City		FL 85 Zip Code	
11. Pursuan	It to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the a	bove-named	corporation submits this statement for the	purpose of changing its registered	
office or agent 1	registered agent, or both, in the S am familiar with, and accept the o	State of Florida. Such change was phligations of, Section 607.0505, F	authorize Iorida Sta	d by the cor. tutes.	poration's board of directors. I hereby acc	ept the appointment as registered	
SIGNATURE							
12.	Signature, typed or pented name of registers OFFICERS	d agent and tille if application (NC SIAND DIRECTORS	TE Registere	d Agent signature	e required when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	DELETE 1.11		TLE		☐ Change ☐ Addition of	
NAME	MCDADE, THOMAS		1.2 N	AME		, in the second	
STREET ADDRESS	12172 SW 131 AVE		1.3 \$	TREET ADDRESS			
CITY - ST - ZIP			ITY-ST-ZIP		8		
TITLE	V	****		TLE		☐ Change ☐ Addition C	
NAME	MCDADE, HUGH		ame				
STREET ADDRESS			2.3 S	2.3 STREET ADORESS		<u> </u>	
CITY - ST - ZIP	MIAMI FL 33186			CITY-ST-ZIP			
TIFLE			317			Change Addition	
NAME	MCDADE, ELIZABETH 12172 SW 131 AVE		32 N	ame Treet address			
STREET ADDRESS	MIAMI FL 33186			OTY-ST-ZIP	1	\	
CITY-ST-ZIP	1104011 - C 00100	DELETE	4.1 T			Change Addition	
NAME				NAME			
STREET ADDRESS	3			TREET ADDRESS		1	
CITY ST ZIP			4.4 0	ITY-ST-ZIP			
TITLE		DELETE	5.1 T			Change Addition	
NAME			5.2 N	AME			
STREET ADDRESS	3		5.3 S	TREET ADDRESS			
CITY-ST-ZIP			5.4 0	ITY-ST-ZIP			
TITLE		☐ DELETE	6.1 7	ITLE		Change Addition	
NAME			6.2 N	AME			
STREET ADDRESS	5		6.3 S	TREET ADDRESS			
CITY-ST-ZIP			6.40	ITY-ST-ZIP	1		

14. I do 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 frue 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.