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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000053623 (2)

	MC MANAGEME	NT INC.								
Principal Place of Business Mailing Address						, remines, see total elem dent dent dent dies dies dies (11/4 21/12 11/24 11/1 12/24)				
3100 N 72ND WAY HOLLYWOOD FL 33024			SUITE 419	4611 S. UNIVERSITY DRIVE Suite 419 Davie Fl 33328			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
							3.	07/18/1994		
	cipal Place of Busines	2a. Mailing A	2a. Mailing Address			4.	FEI Number	Ap	plied For	
21		26	26				65- <u>050</u> 8442	No	l Applicable	
Suit 22	e, Apt. #, etc.	Suite, Ap	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 / Fee Re		
City & State			City & St.	City & State			6.	Election Campaign Financing	\$5.00	May Be
23		28	28				Trust Fund Contribution	Added t		
l Zip		Country	Zıp	Country		у	8.	This corporation owes or has paid the cur	rent year Int	angible
24	25 29 30							Personal Property Tax due June 30.	Yes [] No
	g, Name er	nd Address of Cu	rrent Registered Age	nt			10.	Name and Address of New Registered	Agent	
CARICO, DONNA 3100 N 72ND WAY						Name				į
						82 Street Add		O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33024										J
					83					
					84	City			95 7'n (Code
]					64	City		FL	85 Zip (-one
off	ice or registered agen	it, or both, in the S	.0502 and 607.1508, F itate of Florida. Such o bligations of, Section 6	hange was author	orized b	y the corpora	poration ation's b	n submits this statement for the purpose of locard of directors. I hereby accept the app	changing it cointment as	s registered registered
SIGNA	TURE									
40	Signature, typed or	· · · · · · · · · · · · · · · ·	d agent and tilk if applicable	(NOTE: Rec		ent signature requ			NUMBERATOR	
12.	PVST	OFFICERS AND DIRECTORS PVST DELETE			13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	S IN 12 Addition
1	1	CARICO, DONNA		T DETELE	1				☐ Change	☐ MUUIIIUII
NAME	0400 N TONIO WAY					1.2 NAME				
MOLLINIOOD EL COCCA					1.3 STREET ADDRESS					
CITY-ST-	UT 211					1.4 CITY - ST - ZIP 2.1 TITUE			Change	Addition
TITLE	CARICO, DONNA		L			- t			L Change	☐ Aggingy [
NAME	AAAA AA WAAAM AAAAA				2.2 NAME					1
	STRRET ADDRESS 3100 N 72ND WAY CITY-ST-ZIP HOLLYWOOD FL 33024					2.3 STREET ADDRESS				}
CITY-ST-	ZIP HULLTWU	OU PL 33024			2. 4 CITY -	ST - ZIP			I Obsess	A delition
TITLE			Ŀ		3.1 TITLE				Change	☐ Addition
NAME				J	3.2 NAME					ļ
STREET AL	nneess I				3.9 STREET	PPRINTER				

CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Thereby 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, or on an attachment with an address.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE 4 2 NAME

5.1 TITLE 5.2 NAME

6.1 THLE

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

TITLE

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DELETE

DELETE

DELETE

1/18/98

(954) 986-1752

Change

Change

Change

Addition

Addition

Addition

FILED

Jan 26 1998 8:00am

Secretary of State