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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000009378 (7)

1. Corporation Name
MC ALINDON ENTERPRISES, INC.

Principal Place of Business
2297 RIVER PARK CIRCLE
APT. 1233
ORLANDO FL 32817

Mailing Address
2297 RIVER PARK CIRCLE
APT. 1233
ORLANDO FL 32817-4854



3. Date Incorporated or Qualified 01/31/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 59-3295958
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 3913 Bibb Ln
Suite, Apt. #, etc.

2a. Mailing Address
26 3913 Bibb Ln
Suite, Apt. #, etc.

22 City & State
23 Orlando FL
24 32817
25 USA

27 City & State
28 Orlando FL
29 32817
30 USA

9. Name and Address of Current Registered Agent

WASHBURN, KENNETH R
5401 S. KIRKMAN RD.
SUITE 500
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name MARC P. Ossinsky RA
82 Street Address (P.O. Box Number is Not Acceptable) 210 N. Weymore Rd
83
84 City Winter Park FL 85 Zip Code 32789

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]* (NOTE: Registered Agent signature required when reinstating) DATE 1/7/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	WASHBURN, KENNETH R	
STREET ADDRESS	5401 S. KIRKMAN RD., SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	P	DELETE
NAME	MCALINDON, PETER	
STREET ADDRESS	2297 RIVER PARK CIRCLE, APT. 1233	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dine Corralo
2.3 STREET ADDRESS	3913 Bibb Ln
2.4 CITY-ST-ZIP	Orlando FL 32817
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: *[Signature]* Peter McAlindon 1/7/97 (407) 673-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)