

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 # P95000015372 (2)

1. Corporation Name

MCS INVESTMENT GROUP, INC.



Principal Place of Business

POST OFFICE BOX 691521
ORLANDO FL 32869-1521

Mailing Address

POST OFFICE BOX 691521
ORLANDO FL 32869-1521

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 PO Box 780392

26 PO Box 780392

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, Florida

28 Orlando, Florida

24 Zip 32878-0392

25 Country USA

29 Zip 32878-0392

30 Country USA

4. FEI Number

65-0562660

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

9. Name and Address of Current Registered Agent

WOODWARD, SALLY T
8267 CITRUS CHASE DRIVE
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

Woodward, Sally T.

82 Street Address (P.O. Box Number is Not Acceptable)

12942 Forestedge Circle

83

84 City

Orlando

FL

85

Zip Code 32828

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

Sally T. Woodward, Secy/Treasurer
Signature, typed or printed name of registered agent and title if applicable

Sally T. Woodward
Signature of Registered Agent required when reinstating

4-9-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODWARD, ROY M	
STREET ADDRESS	POST OFFICE BOX 691521 N/A	
CITY - ST - ZIP	ORLANDO FL 32869-1521	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODWARD, SALLY T	
STREET ADDRESS	POST OFFICE BOX 691521 N/A	
CITY - ST - ZIP	ORLANDO FL 32869-1521	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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, or on an attachment with an address.

SIGNATURE: *Sally T. Woodward* *Sally T. Woodward* *4-9-96* *407-273-2693*
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)