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Jul 02 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 # P95000015372 (2)

1. Corporation Name

MCS INVESTMENT GROUP, INC.



Principal Place of Business

PO BOX 780392  
ORLANDO FL 32878-0392  
US

Mailing Address

PO BOX 780392  
ORLANDO FL 32878-0392  
US

3. Date Incorporated or Qualified  
02/23/1995

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 2802

26 P.O. Box 2802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

24 32802

29 32802

Country

Country

25 Orange

30 Orange

9. Name and Address of Current Registered Agent

WOODWARD, SALLY T.  
12042 FORESTEDGE CIRCLE  
ORLANDO FL 32828

4. FET Number

65-0582660

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

10. Name and Address of New Registered Agent

81 Name

Woodward, Sally T.

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

4607 Lighthouse Circle

83

84 City

Orlando

FL

85 Zip Code

32808

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

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Sally T. Woodward

6-3-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WOODWARD, ROY M  
STREET ADDRESS POST OFFICE BOX 691521 N/A  
CITY-ST-ZIP ORLANDO FL 32869-1521

TITLE D ☐ DELETE

NAME WOODWARD, SALLY T  
STREET ADDRESS POST OFFICE BOX 691521 N/A  
CITY-ST-ZIP ORLANDO FL 32869-1521

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D ☒ Change ☐ Addition

1.2 NAME Woodward, Roy M.  
1.3 STREET ADDRESS P.O. Box 2802 N/A  
1.4 CITY-ST-ZIP Orlando, FL 32802

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Woodward, Sally T.  
2.3 STREET ADDRESS P.O. Box 2802 N/A  
2.4 CITY-ST-ZIP Orlando, FL 32802

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Sally T. Woodward 6-3-97 147 533 11720

CR2E034 (9/96)