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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # **P95000050809** (9)

MCC INCORPORATED

Principal Place of Business 235 PARSONS ROAD LONGWOOD FL 32779 US		Mailing Address 235 PARSONS ROAD LONGWOOD FL 32779-2750 US		3. Date Incorporated or Qualified 3a. Date of Last Report	
				07/01/1995	04/09/1996
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number	Applied F Not Applie
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-3328214	CO 75 (Julio -
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May B
3	. Country	28	Country	Trust Fund Contribution	☐ Added to Fees
Zip 4	Country	Zip 29	Country 30	B. This corporation has liability for Florida Statutes	r intangible tax under s. 199.0∜ Yes No
	9. Name and Address of Curren		1901	10. Name and Address of New R	/_1
DIAI	MOND, PHILIP A	12.2	81 Name		
CARLTON, FIELDS, WARD, EMMAN 255 S. DRANGE AVE., SUITE #160		JEL, ET AL P A	82 Street A	ddress (P.O. Box Number is Not Accepta	able)
)			
ORL	ANDO FL 32801		[83]		
the way			84 City		FL 85 Zip Code
SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliging Signature, typod or printed name of registered age		s authorized by the corpor Florida Statutes. Ott: Registered Agent signature n		DATÉ
SIGNATURE	Signature, typod or printed name of registered ago OFFICERS AN	ont and late it applicable (N D DIRECTORS	O1(: Registered Agent signature n		DATE ICERS AND DIRECTORS IN 1:
SIGNATURE 12. TITLE	Signature, typod or printed name of registered age OFFICERS AN	ent and title if applicable (N	OTE: Registored Agent signature in 13.	oquired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. IITLE NAME	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT	ont and late it applicable (N D DIRECTORS	O1E: Registered Agent signature in 13. 1.1 THEE 1.2 NAME	oquired when reinstating)	DATE ICERS AND DIRECTORS IN 1:
SIGNATURE 12. IITLE NAME STREET ADDRESS	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD	ont and late it applicable (N D DIRECTORS	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS	oquired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT	ont and late it applicable (N D DIRECTORS	O1E: Registered Agent signature in 13. 1.1 THEE 1.2 NAME	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 13 Change A
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-SI-ZIP IITLE	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P.	ont and late if applicable (N ID DIRECTORS	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 1: Change A
SIGNATURE 12. IIILE STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ont and late if applicable (N ID DIRECTORS	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 HILE 2.2 NAME 2.3 STREET ADDRESS	oquired when reinstating)	DA16 ICERS AND DIRECTORS IN 13 Change A
SIGNATURE 12. IIILE WAME STREET ADDRESS SITY-ST-ZIP IIILE WAME STREET ADDRESS STREET ADDRESS	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P.	ont and sale if ergoleable (N ID DIRECTORS DELETE DELETE	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 HILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 1: Change A Change A
SIGNATURE 12. IIILE STREET ADDRESS IIILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ont and late if applicable (N ID DIRECTORS	011: Registered Agent signature in 13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 HILE 2.2 NAME 2.3 STREET ADORESS 2.4 CHY-ST-ZIP 3.1 HILE	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change A
SIGNATURE 12. ITTLE WAME STREET ADDRESS CITY-ST-ZIP ITTLE WAME STREET ADDRESS CITY-ST-ZIP ITTLE WAME	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ont and sale if ergoleable (N ID DIRECTORS DELETE DELETE	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 HILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 1: Change A Change A
SIGNATURE 12. ITTLE MME STREET ADDRESS CITY-ST-ZIP ITTLE AME STREET ADDRESS CITY-ST-ZIP ITTLE AME STREET ADDRESS CITY-ST-ZIP ITTLE AME STREET ADDRESS STREET ADDRESS	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ont and sale if ergoleable (N ID DIRECTORS DELETE DELETE	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 HILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 HILE 3.2 NAME	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 1: Change A Change A
SIGNATURE 12. IIITLE VAME STREET ADDRESS SITY-ST-ZIP IITLE VAME STREET ADDRESS SITY-ST-ZIP IITLE VAME STREET ADDRESS SITY-ST-ZIP VAME STREET ADDRESS SITY-ST-ZIP	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ont and sale if ergoleable (N ID DIRECTORS DELETE DELETE	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 HILE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-SI-ZIP 3.1 HILE 3.2 NAME 3.3 STREEL ADDRESS 3.3 STREEL ADDRESS	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 1: Change A Change A Change A
SIGNATURE 12. INTLE WAME STREET ADDRESS SITY-ST-ZIP INTLE WAME W	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONLAND LATE OF LETTE DELETE DELETE DELETE	13. 1.1 HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 HILE 2.2 NAME 2.3 STREEL ADDRESS 2.4 CHY-SI-ZIP 3.1 HILE 3.2 NAME 3.3 STREEL ADDRESS 3.4 CHY-SI-ZIP 3.4 CHY-SI-ZIP 3.5 NAME 3.5 STREEL ADDRESS 3.4 CHY-SI-ZIP	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 1: Change A Change A Change A
SIGNATURE 12. IIILE VAME STREET ADDRESS CITY-ST-ZIP IIILE VAME STREET ADDRESS CITY-ST-ZIP IIILE VAME V	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONLAND LATE OF LETTE DELETE DELETE DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change A
SIGNATURE 12. IIILE VAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONE AND LATE OF THE PROPERTY O	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 4.1 THE	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 1: Change A
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONLAND LATE OF LETTE DELETE DELETE DELETE	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change A
SIGNATURE 12. IIITLE NAME STREET ADDRESS CITY-ST-ZIP IIITLE NAME STREET ADDRESS CITY-ST-ZIP IIITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONE AND LATE OF THE PROPERTY O	13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 4.1 THE	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 1: Change A Change A Change A
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONE AND LATE OF THE PROPERTY O	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 1: Change A Change A Change A
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	ONE AND LATE OF THE PROPERTY O	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 1: Change A Change A Change A
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 13 Change A
SIGNATURE	Signature, typod or printed name of registered age OFFICERS AN D RUFIANGE, ANNE BARRETT 235 PARSONS ROAD LONGWOOD FL 32179 VP RUFIAME, ROBERT P. 235 PARSONS ROAD LONGWOOD FL	D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	oquired when rehistating) ADDITIONS/CHANGES TO OFF	DA16 ICERS AND DIRECTORS IN 1: Change A Change A Change A

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 12 if changed, or on an attachment with an address.