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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051135 (8)

MCP, INC.

Principal Place of Business

2003 SW 15TH STREET STE 138 DEERFIELD BEACH FL 33442 Mailing Address

2003 SW 15TH STREET STE 138 DEERFIELD BEACH FL 33442-6169

FILED Apr 03 1997 8:00am Secretary of State



DEERFIELD BE	ACH FL 33442	DEERFIELD BEACH FL 33	442-6169							
						3. Date Incorporated or Qualified 06/29/1995	3a. Date 05/01		eport	
	ace of Business	2a, Mailing Address 26			4. FEI Number 65-0597561	Applied For Not Applicable				
21 Suite, Apt. (22	#, etc	Suite. Apt. #, etc.				5. Certificate of Status Desired		8.75	Additional equired	
City & State	>	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	n	intry		8. This corporation has liability for i	ntangible tax	under s		
24	25	129	30	r		Florida Statutes 10. Name and Address of New Re	Yes XI			
	g. Name and Address of Curren	r vadirielan võetti		81	Name	10. Name and Address of New York	Jibitai va rigi			
KLAR, IRWIN 2003 SW 15TH STREET STE 138					Name					
					ddress (P.O. Box Number is Not Acceptable)					
DEE	RFIELD BEACH FL 33442			83						
ſ				В4	City	,	FL '	5 Zip	Code	
		0				poration submits this statement for the p		pagina l	r ragistared	
office or re agent. Lat	egistered agent, or both, in the State in familiar with, and accept the obliga	of Horida. Such change was -	authorize	O DV	the corpora	ation's board of directors. I hereby accep	t the appoin	tment as	registered	
SIGNATURE	Signature Typed or pointed name of registered age	int and the if applicable (NO)	lt. Registere	d Age	int signature requ	uired when reinstating)	DATE			
12.	OFFICERS AN		13.		····	ADDITIONS/CHANGES TO OFFICE				
TITLE	P	[_] DELETE	1.1 1	ITLE			L.	Change	Addition	
NAME	KLAIZ, IRWIN		1.2 N	AME						
STREET ADDRESS	2003 SW 15TH STREET STE	138	1.3 5	TREET	ADDRESS					
CHY-ST-ZIF	DEERFIELD BEACH FL 33442			ITY - S	T-ZIP	<u></u>		6.	(1 A 1 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	
₹±TL€	ST	☐ DELETE	2.1 7	ITLE			L_	Change	Addition	
NAME	MORRIS, JOAN		551	LAME						
STREET ADDRESS	2003 SW 15TH STREET STE	138	2.3 5	TREET	ADDRESS					
CITY-S1-ZiP	DEERFIELD BEACH FL 33442	PI NO PRO		**********	ST-ZIP			Change	Addition	
TIFLE		☐ DELETE	311				ا	Change	L.J AGUILIUI	
NAME			321							
STREET ADDRESS					ADDRESS					
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THEF		☐ DELETE	411				L.	y Change	L. AQUIRO	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		- Dellext			1-2IP			Change	Addition	
THE		[] DELETE	511				L	i Anguiño	FT YOURD	
NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY - \$1 - 71P		Florer			ST-ZIP			Change	Addition	
TITLE		☐ DELETE	6.1]				L.	1 mining	L Addition	
NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIF		d with this filing done not ever			M-ZIP	ed in Section 119.07(3)(i). Florida Statute	s I further o	artify that	the	
e e Indo-horok	ou comul martha internative elibble	A MAID ING THINA ALAG BAT ALIST	THE TENE TENE		erroment State	sa ni aecann i returbino. Entros Sistine				

4. 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 of Florida Statutes; and that my name with an address.

SIGNATURE

OR DIRECTOR

954-421

Daytime Phone