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Mar 28 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 # P95000052587 (9)

1. Corporation Name

M.C. MCLAIN SERVICES INCORPORATED

Principal Place of Business

1550 S.W. 27TH COURT
FT. LAUDERDALE FL 33315

Mailing Address

1550 S.W. 27TH COURT
FT. LAUDERDALE FL 33315-2712

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

21 501 N.W. 46th TERR.
Suite, Apt. #, etc.

2a. Mailing Address

26 501 N.W. 46th TERR.
Suite, Apt. #, etc.

4. FEI Number

65-0588658

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

23 City & State

PLANTATION FL

27 City & State

PLANTATION, FL.

24 Zip

33317

25 Country

BROWARD

29 Zip

33317

30 Country

BROWARD

9. Name and Address of Current Registered Agent

MCLAIN, MIKE
1550 S.W. 27TH COURT
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

MIKE MCLAIN

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

501 N.W. 46th TERR.

83

84 City

PLANTATION.

FL

85 Zip Code

33317

11. I, MIKE MCLAIN, President, of the above-named corporation, submit 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCLAIN, MIKE
STREET ADDRESS 1550 S.W. 27TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE VP ☐ DELETE

NAME MCLAIN, SUSAN
STREET ADDRESS 1550 S.W. 27TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33315

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MIKE MCLAIN
1.3 STREET ADDRESS 501 N.W. 46th TERR.
1.4 CITY-ST-ZIP PLANTATION, FL 33317

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SUSAN MCLAIN
2.3 STREET ADDRESS 501 N.W. 46th TERR.
2.4 CITY-ST-ZIP PLANTATION, FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0274580

CR2E034 (9/96)