


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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063557 (9)

1. Corporation Name
MC ART, INC.

Principal Place of Business
206 MONTEREY SQ
BOYNTON BEACH FL 33436

Mailing Address
206 MONTEREY SQ
BOYNTON BEACH FL 33436-2868



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1995		3a. Date of Last Report 08/13/1996	
21	Suite, Apt. #, etc. 101 SCARBROUGH LN.	26	Suite, Apt. #, etc. 101 SCARBROUGH LN.	4. FEI Number 65-0604584		Applied For Not Applicable	
22	City & State BOYNTON BEACH, FLORIDA	27	City & State BOYNTON BEACH, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip 33436	28	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33436	25	Country USA	29		30	
				31		32	

g. Name and Address of Current Registered Agent WOJTOWICZ, MALGORZATA 206 MONTEREY SQ BOYNTON BEACH FL 33436				10. Name and Address of New Registered Agent			
				81 Name WOJTOWICZ, MALGORZATA			
				82 Street Address (P.O. Box Number is Not Acceptable) 101 SCARBROUGH LN			
				83			
				84 City BOYNTON BEACH			
				85 Zip Code 33436			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	WOJTOWICZ, MALGORZATA	1.1 TITLE	D	NAME	WOJTOWICZ, MALGORZATA
STREET ADDRESS		STREET ADDRESS	206 MONTEREY SQ	1.2 NAME		STREET ADDRESS	101 SCARBROUGH LN
CITY-ST-ZIP		CITY-ST-ZIP	BOYNTON BEACH FL 33436	1.3 STREET ADDRESS		CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D	NAME	WOJTOWICZ, KRZYSZTOF	2.1 TITLE	D	NAME	WOJTOWICZ, KRZYSZTOF
STREET ADDRESS		STREET ADDRESS	206 MONTEREY SQ	2.2 NAME		STREET ADDRESS	101 SCARBROUGH LN
CITY-ST-ZIP		CITY-ST-ZIP	BOYNTON BEACH FL 33436	2.3 STREET ADDRESS		CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE		NAME		2.4 CITY-ST-ZIP		TITLE	
STREET ADDRESS		STREET ADDRESS		3.1 TITLE		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		3.2 NAME		CITY-ST-ZIP	
TITLE		NAME		3.3 STREET ADDRESS		TITLE	
STREET ADDRESS		STREET ADDRESS		3.4 CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		4.1 TITLE		CITY-ST-ZIP	
TITLE		NAME		4.2 NAME		TITLE	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		4.4 CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS		5.2 NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		5.3 STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		5.4 CITY-ST-ZIP		TITLE	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		6.2 NAME		CITY-ST-ZIP	
TITLE		NAME		6.3 STREET ADDRESS		TITLE	
STREET ADDRESS		STREET ADDRESS		6.4 CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP				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: *Malgorzata Wojtowicz* MALGORZATA WOJTOWICZ 4/27/97 1-561/738-7685
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)