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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080383 (9)**

1. Corporation Name
MCM BUSINESS INC.

Principal Place of Business	Mailing Address
2220 NW 33RD TERRACE COCONUT CREEK FL 33066	2220 NW 33RD TERRACE COCONUT CREEK FL 33066-2226

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 1605 SANDY RIDGE DR.	26 1605 SANDY RIDGE DR.
Suite, Apt. #, etc. 22 # R-202	Suite, Apt. #, etc. 27 # R-202
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33603 / 25 HILLSBOROUGH	Zip / Country 29 33603 / 30 HILLSBOROUGH

4. FEI Number: 65-0613623 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAIFUZZAMAN, S M 2220 NW 33RD TERRACE COCONUT CREEK FL 33066	81 Name: SHAIFUZZAMAN, S. M. 82 Street Address (P.O. Box Number is Not Acceptable): 1605 SANDY RIDGE DR. #R-202 83 TAMPA, 84 City: TAMPA, FL 85 Zip Code: 33603

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: S. M SHAIFUZZAMAN / PRES. DATE: 4-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SHAIFUZZAMAN, S M	1.2 NAME	
STREET ADDRESS	2220 NW 33RD TERRACE	1.3 STREET ADDRESS	1605 SANDY RIDGE DR. #R-202
CITY-ST-ZIP	COCONUT CREEK FL 33066	1.4 CITY-ST-ZIP	TAMPA, FL-33603
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: S. M SHAIFUZZAMAN 4-20-97 (813) 231-2956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #