

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90044 028 \*\*\*150.00

0385013

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000080383**

1. Corporation Name  
**MCM BUSINESS INC.**



Principal Place of Business  
 1605 SANDY RIDGE DR  
 R-202  
 TAMPA FL 33603  
 US

Mailing Address  
 1605 SANDY RIDGE DR  
 R-202  
 TAMPA FL 33603  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **8615 HERONS COVE PL.**  
 Suite, Apt. #, etc.  
 22 **TAMPA, FLORIDA**  
 City & State  
 23  
 Zip **33647** Country **U.S.A.**  
 24

2a. Mailing Address  
 26 **8615 HERONS COVE PL.**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **TAMPA, FL- 33647**  
 Zip **33647** Country **USA**  
 29 30

3. Date Incorporated or Qualified  
**10/19/1995**

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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**SHAIFUZZAMAN, S M**  
**1605 SANDY RIDGE DR., R-202**  
**TAMPA FL 33603**

10. Name and Address of New Registered Agent  
 81 Name **SHAIFUZZAMAN, S M**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **8615 HERONS COVE PL.**  
 84 City **TAMPA** FL 85 Zip Code **33647**

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]*  
 Signature, typed or printed of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAIFUZZAMAN, S M</b>	
STREET ADDRESS	<b>1605 SANDY RIDGE DR., R-202</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>P.D.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>SHAIFUZZAMAN, S M</b>		
1.3 STREET ADDRESS	<b>8615 HERONS COVE PL.</b>		
1.4 CITY-ST-ZIP	<b>TAMPA, FL- 33647</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with a holder like empowered.

SIGNATURE: *[Signature]* **S.M. SHAIFUZZAMAN** **4-15-99** **(813) 632-9506**  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)