SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1

1998

DOCUMENT # P950

P95000083274 (7)

MCG CONSULTANTS OF FLORIDA, INC.

Principal Place of Business Mailing Address
1411 NORTH WESTSHORE BOULEVARD, UNIT 314 P.O. BOX 26491

FILED

98 OCT 28 AM 8: 42

SECRETARY OF STATE TALLAHASSEE. FLORIDA



P.O. BOX 26491 TAMPA FL 33607 TAMPA FL 33623-6491 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3341161 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code FL

1. 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 relinistating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	Change Addition
NAME	LEPLEY, RICHARD C	1.2 NAME	NO BOX 26491 N/7
STREET ADDRESS	1411 NORTH WESTSHORE BOULEVARD, UNIT 314	1.3 STREET ADDRESS	NO 1304 20491 19/11
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	TAMPA FL 33629-6491
TITLE	-STD DELETE	2.1 TITLE	, Change Addition
NAME	WALSH, PATRICIA M	2.2 NAME	N/A
STREET ADORESS	4411 NORTH WESTSHORE BOULEVARD, UNIT_314	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA-FL-33607	2.4 CITY-ST-ZIP	- ,
nne	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	2000026786226
STREET ADDRESS		3.3 STREET ADDRESS	2000026786226 -11/03/9801013021
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****558_75 ****558_75
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	
OSCY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	l (V)
CITY-ST-ZIP		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 spelver 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 or an attachment with an address.

SIGNATURE

LA CHERRICHANTERLON PROS.

9/15/28 (504)

CR2E034 (5/98)