07091999-90014-042-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90014 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P95000092086

1. Corporation Name

MCDONALD AND ASSOCIATES INSURANCE SERVICES, INC.

594369 - 90024 - 25

Principal Place of Business	Mailing Address
63 SW 8 COURT ORTH LAUDERDALE FL 33068	6463 SW 8 COURT NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

McDONALD & ASSOCIATES
6041 Kimberly Blvd.
Suite D
North Lauderdale, FL 33068-2518
(954) 974-5568 FAX (954) 975-5687

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/01/1995	
Suite,	26 Suite, Apt. #, etc.	4. FEI Number: 65-0628097	Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired	$8.75 Additional Fee Required
Zip / Country: 25 US	Zip / 29 Country / 30	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property.	Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDONALD, GEORGE J 6463 SW 8 COURT NORTH LAUDERDALE FL 33068	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: George J. McDonald Reg Agent 7/1/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	VPST	DELETE	1.1 TITLE P	Change / Addition
ME	MCDONALD, GEORGE J		1.2 NAME McDonald, Lindsay G	
REET ADDRESS	6463 SW 8 COURT		1.3 STREET ADDRESS 2080 NW 38 AV	
TY-ST-ZIP	NORTH LAUDERDALE FL		1.4 CITY-ST-ZIP Coconut Creek, FL 33066	
TLE	P	DELETE	2.1 TITLE	Change / Addition
ME	MCDONALD, BARBARA L		2.2 NAME	
REET ADDRESS	6463 SW 8 COURT		2.3 STREET ADDRESS	
TY-ST-ZIP	NORTH LAUDERDALE FL		2.4 CITY-ST-ZIP	
LE	P	DELETE	3.1 TITLE	Change / Addition
ME	McDonald, Lindsay G		3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
Y-ST-ZIP	Coconut CREEK, FL 330		3.4 CITY-ST-ZIP	
LE		DELETE	4.1 TITLE	Change / Addition
ME			4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
LE		DELETE	5.1 TITLE	Change / Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE		DELETE	6.1 TITLE	Change / Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 7/1/99 9549745568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #