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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600002543 (2)

MC CORMACK HOLDINGS, INC.

| 143 COMMERCE WAY<br>SANFORD FL 32771 |  | 143 COMMERCE WAY<br>SANFORD FL 32771-7208                    |              |   |   |  |                            |
|--------------------------------------|--|--|--------------|---|---|--|----------------------------|
|                                      |  |  |              |   | 3. Date Incorporated or Qualified 01/09/1996  | 3a. Date of Last Ro                        | eport                      |
| 2. Principal P                       | lace of Business   | 2a. Mailing Address  |              | 4. FEI Number   | Ac  | plied For                                  |                            |
| 21                                   |  | 26   |              | 159 336 25 YS   | No  | t Applicable :                             |                            |
| Suite, Apt. #, etc.                  |  | Suite, Apt. #, etc.  |              |   | \$8.75  | Additional                                 |                            |
| 22                                   |  | 27   |              | 5. Certificate of Status Desired                      | Fee Re  | quired                                     |                            |
| City & State                         | е  | City & State   |              | .,  | 6. Election Campaign Financing  | \$5.00                                     | May Be                     |
| 23                                   |  | 28   |              |   | Trust Fund Contribution   | Added t                                    | o Fees                     |
| Zip                                  | Country Zip Cou  |  | Count        | ry  | 8. This corporation has liability for in  | itangible tax under s.                     | . 199.032,                 |
| 24                                   | 25]  | dd   | 30           |   |   | Yes 🔀 No                                   |                            |
|                                      | 9. Name and Address of Curren  | i Hegistereo Agent   | 8            | 1 Name  | 10. Name and Address of New Reg   | istered Agent                              |                            |
|                                      | CORMACK, WILLIAM J   |  | °            | i ivame   |   |  | l                          |
|                                      | COMMERCE WAY   |  |              | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |                            |
| SAN                                  | IFORD FL 32771   |  | <u>-</u>     | 83  |   |  |                            |
|                                      |  |  | 8            | 3   |   |  |                            |
|                                      |  |  | 8            | 4 City  |   | <b>85</b> Zip (                            | Code                       |
|                                      |  |  |              |   |   |  |                            |
| office or r                          | to the provisions of Sections 607.050<br>egistered agent, or both, in the Stale<br>im familiar with, and accept the obliga     | of Florida. Such change was au                               | ithorized l  | by the corpora  | poration submits this statement for the patients board of directors. I hereby accept    | rpose of changing it<br>the appointment as | s registered<br>registered |
| SIGNATURE                            | Signature, types or printed name of responsed age  | rica at trie if applicante (NOTE                             | Registered A | gent signature requ                                   | ured when reinstating)  | DATE                                       |                            |
| 12.                                  | OFFICERS ANI   | DIRECTORS  | 13.          |   | ADDITIONS/CHANGES TO OFFICE   | RS AND DIRECTOR                            | S IN 12                    |
| TITLE                                | D  | ☐ DETEIE   | 1.1 TITLE    |   |   | ☐ Change                                   | Addition                   |
| NAME                                 | ***************************************  |  | 12 NAM       | E   |   |  |                            |
| STREET ADDRESS                       | 143 COMMERCE WAY   |  | 1.3 STRE     | ET ADDRESS  |   |  |                            |
| CITY - ST - ZIP                      | SANFORD FL 32771   |  | 1.4 CITY     | -SI - ZIP   |   |  |                            |
| TOTALE                               |  | ☐ DELETE   | 2 1 TITLE    | ·   |   | ☐ Change                                   | Addition                   |
| NAME                                 |  |  | 2.2 NAMI     | ·   |   |  |                            |
| STREET ADDRESS                       | 238  |  | 2 3 STRE     | FT ADDRESS  |   |  |                            |
| CITY+ST-ZIP                          | ······································   |  | 2 4 CITY     | -ST-ZIP   |   | 4.00                                       |                            |
| TITLE                                | L DELETE 31  |  | 3 1 TITLE    |   |   | ☐ Change                                   | Addition                   |
| NAME                                 | 32   |  | 3.2 NAM      |   |   |  |                            |
| STREET ADDRESS                       |  |  | 3 3 STRE     | ET ADDRESS  |   |  |                            |
| CITY-ST-ZIP                          |  | 787-71 (VI) PV 11-A1-A3-A3-A3-A3-A3-A3-A3-A3-A3-A3-A3-A3-A3- | 3 4. CITY    | - S1 - ZIP  |   |  |                            |
| TITLE                                | DELETE 4.1   |  | 4.1 TITLE    |   |   | ☐ Change                                   | Addition                   |
| NAME                                 |  |  | 4. 2 NAM     | E   |   |  |                            |
| STREET ADDRESS                       |  |  | 4.3 STRE     | ET ADDRESS  |   |  |                            |
| CITY-ST-20P                          |  |  | 4.4 CITY     | -S1-7)P   |   |  |                            |
| T:TLE                                |  | ☐ DELETE   | 5.1 TITLE    |   |   | ☐ Change                                   | Addition                   |
| NAME                                 |  |  | 5.2 NAMI     | E   |   |  |                            |
| STREET ADDRESS                       |  |  | 5.3 STRE     | ET ADDRESS  |   |  |                            |
| CITY-S1-ZIP                          |  | **   | 5 4 CITY     | -ST-ZIP   |   |  |                            |
| 10116                                |  | ☐ DELETE   | 6.1 TITLE    | T   |   | Change                                     | Addition                   |
| NAME                                 |  |  | 6.2 NAMI     | E   |   |  |                            |
| STREET ADDRESS                       |  |  | 6.3 STRE     | ET ADDRESS  |   |  |                            |
| CITY-ST-7IP                          |  |  | 6.4 CITY     | -ST-ZIP   |   |  |                            |
| 14. I do herel                       | by certify that the information supplied   | I with this filing does not qualify                          | for the ex   | cemption state  | ed in Section 119.07(3)(i), Florida Statutes  | . I further certify that                   | the                        |
| l am an o                            | on indicated on this armual report or s<br>ifficer or director of the corporation or<br>in Block 12 or Block 13 if changed, or | the receiver or trustee empowe                               | red to exe   | ecute this repo                                       | at my signature shall have the same legal<br>ort as required by Chapter 607, Florida St | atutes; and that my r                      | Jer bath; that<br>lame     |