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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000012388 (0)

MCMO, INC.

Principal Place of Business Mailing Address 1313 EIGHTH AVENUE 1313 EIGHTH AVENUE TAMPA FL 33605 5611						
				3. Date Incorporated or Qualified 3a. Dat 02/08/1996	e of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 P.O. Box 2327		26 P.O. Box 23	327	59-3362450	Not Applicable	
Suite, Apt.	#, eta	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Brand	on, FL	28 Brandon, FI	,	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible t	ax under s. 199.032,	
24 33509	25 USA	29 33509 30	USA		No	
				10. Name and Address of New Registered Agent		
MORDUE, STEVE			Name David Townsend			
10117 PRINCESS PALM AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 100 TAMPA FL 33810			93 50	608 W. Horatio Street		
IAN	MPA PL 33610		00			
_ •			84 City Ta	mpa FL	85 Zip Code 33606	
11. I suant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered	
ag int. I a	m familiar with, and accept the of	digations of, Section 607.0505, Florida	a Statujes.	on's board or directors. I hereby accept the appo	intrient as registered	
SIGNATURE •		1 Journey		1/7/97	,	
	Signaliste typied or printed hame of regislened		igistered Agent signature require			
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	0	☐ DELETE	1.1 TITLE		X Change	
NAME			1.2 NAME			
		1.3 STREET ADDRESS P	.0. Box 2327 (W\A)			
CITY-ST-ZIP	TAMPA FL 33610			randon, FL 33509		
TITLE		☐ DELETE	2.1 TITLE D	•	Change 🙀 Addition	
NAME				uckner, Debra		
STREET ADDRESS			2.3 STREET ADDRESS P	.O. Box 2327 (ハ\木)		

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. City-St-ZiP

2. 4 CITY-ST-ZIP

3.1 THLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 THILE

6.2 NAME

DELETE

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DELETE

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6.4 CHY-ST-ZIP CITY-ST-ZIP 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 of 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 conforation of 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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

City - St - ZIP

CHTY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

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10 Jan 06, 1997 (8137643-0023)

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Brandon, FL

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Feb 04 1997 8:00am

Secretary of State