


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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90147 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |   |   |
|---|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>  |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| <b>DOCUMENT # P96000021767</b>  |  |   |   |
| 1. Corporation Name<br><b>MCS - BP, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>36452 U.S HWY 19 NORTH<br/>PALM HARBOR FL 34684</b>   |  | Mailing Address<br><b>36452 U.S HWY 19 NORTH<br/>PALM HARBOR FL 34684</b>   |   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30   |   |
| 3. Date Incorporated or Qualified<br><b>03/08/1996</b>  |  |   |   |
| 4. FEI Number<br><b>59-3365325</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees  |   |
| 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |   |
| 9. Name and Address of Current Registered Agent<br><b>BROTHWELL, RICHARD M<br/>36452 U.S HWY 19 NORTH<br/>PALM HARBOR FL 34684</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                       |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>   |  |   |   |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE   | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HAMILL, JOHN ROBERT JR</b>            | 1.2 NAME  |   |
| STREET ADDRESS  | <b>7547 JAQUE ROAD</b>                   | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>HUDSON FL</b>                         | 1.4 CITY-ST-ZIP   |   |
| TITLE   | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>HAUBER, FREDERICK A</b>               | 2.2 NAME  |   |
| STREET ADDRESS  | <b>5347 MAIN ST</b>                      | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>NEW PORT RICHEY FL</b>                | 2.4 CITY-ST-ZIP   |   |
| TITLE   | <b>S</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>BROTHWELL, RICHARD M</b>              | 3.2 NAME  |   |
| STREET ADDRESS  | <b>36452 US HIGHWAY 19 N</b>             | 3.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | <b>PALM HARBOR FL</b>                    | 3.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | 4.2 NAME  |   |
| STREET ADDRESS  |  | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | 4.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | 5.2 NAME  |   |
| STREET ADDRESS  |  | 5.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |  | 5.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  | 6.2 NAME  |   |
| STREET ADDRESS  |  | 6.3 STREET ADDRESS  |   |
| 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 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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #