FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -1 PM 3:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000039446 (5)**

1. Corporation Name
MCLEAN & ASSOCIATES, INC.

Principal Place of Business
12273 W. FOREST HILL BLVD.
SUITE 203
WELLINGTON FL 33414

Mailing Address
12273 W. FOREST HILL BLVD.
SUITE 203
WELLINGTON FL 33414-5727

3. Date Incorporated or Qualified: **05/02/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / 24 Country / 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / 29 Country / 30

4. FEI Number: 65-0719576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SHAFER, LEWIS R ESQ.
2300 GLADES ROAD
WEST TOWER - SUITE #400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature is required when this filing) DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME MCLEAN, MARK J.
STREET ADDRESS 12773 W FOREST HILL BLVD, STE 203
CITY-ST-ZIP WELLINGTON, FL. 33414
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

800002230318--6
-07/03/97--01108--005
****165.00 ****165.00

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (9/96)

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 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: Mark A. McLean 4/30/97 561 793-6332