

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

04-07-1999 90045 006 \*\*\*150.00

DOCUMENT # P96000042016

1. Corporation Name  
MCR SYSTEMS, INC.

Principal Place of Business  
402 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765

Mailing Address  
402 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1996

4. FEI Number

59-3381943

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEINKEL, R L  
201 WEST CANTON AVENUE #150  
WINTER PARK FL 32789

81 Name

HEINKEL, R. LAWRENCE

82 Street Address (P.O. Box Number is Not Acceptable)

SOUTH TRUST BANK BUILDING

83

135 W. CENTRAL BLVD., SUITE 220

84 City

ORLANDO

FL

85 Zip Code

32801

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WARBLE, RONALD D  
STREET ADDRESS 402 SOUTH CENTRAL AVENUE  
CITY-ST-ZIP OVIEDO FL 32765

1.1 TITLE C ☒ Change ☐ Addition  
1.2 NAME WARBLE, RONALD D  
1.3 STREET ADDRESS 140 ALEXANDRIA BLVD, SUITE H  
1.4 CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☐ Addition

TITLE P ☒ DELETE  
NAME FOWLER, RICHARD  
STREET ADDRESS 3315 HEATHGATE CT  
CITY-ST-ZIP ORLANDO FL 32812

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPST ☐ DELETE  
NAME LELAND, WAYNE  
STREET ADDRESS 3040 TEMPLE TRL  
CITY-ST-ZIP WINTERPARK FL 32789

3.1 TITLE P ☒ Change ☐ Addition  
3.2 NAME LELAND, WAYNE  
3.3 STREET ADDRESS 140 ALEXANDRIA BLVD SUITE H  
3.4 CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME PETERS, DENNIS  
4.3 STREET ADDRESS 140 ALEXANDRIA BLVD, SUITE H  
4.4 CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

W. F. Leland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 (407) 949-3100

CR2E034 (11/98)