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 # P96000048247 (6)

MCR SYS ENTERPRISES, INC.

Principal Place of Business Mailing Address 2814 LANDOVER DRIVE 2814 LANDOVER DRIVE CLEARWATER FL 34621 CLEARWATER FL 34821-2821 3. Date Incorporated or Qualified 3a. Date of Last Report 06/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3380461 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name FINANCIAL FOUNDATIONS, INC. Anthony Becker 1301 SEMINOLE BLVD. STE 155 Street Address (P.O. Box Number is Not Acceptable)
2814 Landover Dr. 62 **LARGO FL 34640** В3 84 City Zip Code 34621 Clearwater 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. The state of Elorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, all accept the obligations of Special Registered agent. SIGNATURE auent and title if applicable Registered Agent signature required when reinstating) (96/6) (8/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11TITLE TITLE **BECKER, ANTHONY** 1.2 NAME NAME **CR2E034** 2814 LANDOVER DRIVE 1.3 STREET ADORESS STREET ADDRESS **CLEARWATER FL 34821** CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIF 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TIT: E 41 TiTLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TILLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TIILE 6.1 TITLE

14. I do heroby 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 inchanged or an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

4/26/9 813-799-1836

FILED

May 02 1997 8:00am

Secretary of State