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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065447 1. Corporation Name

THE MCDONNELL GROUP, INC.

Principal Place of Business	. Mailing Address
807 OCEAN DRIVE	PO BOX 2011
ERO BEACH FL 32963	JESSUP MA 20794
	US

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90070 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/06/1996

lace of Business		Mailing Add	11000				1	FEI Number					Applied For
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Suite, Apt. #, etc. 27							7			red		*	Additional Required
e		City & Stat					6. 6	Election Car	mpaign Finar	ncing		\$5.0	May Be
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Country		Zip		Cou	intry		8. 7	This corpora	ation owes th	e currer	nt year In	tangible	
25	29			30			1	Personal Pr	operty Tax.			☐ Yes	□No
9. Name and Address of Current	Regis	tered Agent		•			10.	Name and	Address of I	New Re	gistered	Agent	
					81 N	ame							
MCDONNELL, JAMES E II					82 S	treet Addre	dress (P.O. Box Number is Not Acceptable)						
OCEAN DRIVE					" "		, i) coc	D. BOX					
O BEACH FL 32963					83								-
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egistered agent, or both, in the State of	t Florid	la. Such cha	nge was a	uthonzed	by the	med corpo corporation	pration n's boa	submits this and of direct	statement for ors. I hereby	or the p accept	urpose o the appo	f changing i intment as	ts registere registered
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	Country 25 9. Name and Address of Current ONNELL, JAMES E II OCEAN DRIVE D BEACH FL 32963 to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.	#, etc. Country 25 9. Name and Address of Current Regis CONNELL, JAMES E II COCEAN DRIVE D BEACH FL 32963 to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Floric m familiar with, and accept the obligations of, Signature, typed or printed name of registered agent and title in OFFICERS AND DIRE D MCDONNELL, JAMES E II 1807 OCEAN DRIVE VERO BEACH FL 32963	#, etc. Suite, Apt. 27 City & State 28 Country Zip 25 29 9. Name and Address of Current Registered Agent CONNELL, JAMES E II COCEAN DRIVE D BEACH FL 32963 to the provisions of Sections 607.0502 and 607.1508, Floregistered agent, or both, in the State of Florida. Such chain familiar with, and accept the obligations of, Section 607 Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D MCDONNELL, JAMES E II 1807 OCEAN DRIVE VERO BEACH FL 32963	#, etc. Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc. 27 City & State 28 Country Zip Country 25 9. Name and Address of Current Registered Agent CONNELL, JAMES E II COCEAN DRIVE D BEACH FL 32963 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a egistered agent, or both, in the State of Florida. Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the analysis of the provisions of Section 607.0505, Florida Statutes, the analysis of Section 607.0508, Florida Statut	#, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State Country Zip Country Zip Country 25 P. Name and Address of Current Registered Agent ONNELL, JAMES E II OCEAN DRIVE D BEACH FL 32963 83 84 City to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpegistered agent, or both, in the State of Florida. Such change was authorized by the corporation familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D MCDONNELL, JAMES E II 1807 OCEAN DRIVE VERO BEACH FL 32963	#, etc. Suite, Apt. #, etc. Suite, Apt.	#, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 30 Name and Address of Current Registered Agent CONNELL, JAMES E II OCEAN DRIVE D BEACH FL 32963 Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS D MCDONNELL, JAMES E II 12. NAME 13. ADDITIONS/II D MCDONNELL, JAMES E II 12. NAME 13. ADDITIONS/II 14. CITY-ST-ZIP DELETE 14. CITY-ST-ZIP DELETE 14. CITY-ST-ZIP	#, etc. Suite, Apt. #, etc. Suite, Apt.	#, etc. Suite, Apt. #, etc. 27 5. Certifcate of Status Desired	#. etc. Suite, Apt. #, etc. 27	#, etc. Suite, Apt.

SIGNATURE:

4-22-99 (800) 638-3881