

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

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Apr 02 1997 8:00am  
Secretary of State

|  |   |
|--|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # P96000069544 (0)

1. Corporation Name  
M.C.M. CONCEPTS, INC.



|   |  |
|---|--|
| Principal Place of Business<br>4016-A NOVA ROAD<br>PORT ORANGE FL 32127 | Mailing Address<br>4016-A NOVA ROAD<br>PORT ORANGE FL 32127-9201 |
|---|--|

|   |  |  |  |   |  |                                |  |
|---|--|--|--|---|--|--------------------------------|--|
| 2. Principal Place of Business<br>21 952 Big Tree Rd.<br>Suite, Apt. #, etc.<br>22 Building A<br>City & State<br>23 S. Daytona, FL 32119<br>Zip<br>24 32119 |  | 2a. Mailing Address<br>26 952 Big Tree Rd.<br>Suite, Apt. #, etc.<br>27 Building A<br>City & State<br>28 S. Daytona, FL 32119<br>Zip<br>29 32119 |  | 3. Date Incorporated or Qualified<br>08/15/1996   |  | 3a. Date of Last Report        |  |
|   |  |  |  | 4. FEI Number<br>59-3409120   |  | Applied For<br>Not Applicable  |  |
|   |  |  |  | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required |  |
|   |  |  |  | 6. Election Campaign Financing<br>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<br>BURNETT, RANDOM R<br>501 NORTH GRANDVIEW AVENUE<br>DAYTONA BEACH FL 32118 |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|----------------------|---|-------------------------|
| TITLE                      | D                    | 1.1 TITLE   | D                       |
| NAME                       | MERCER, JASON R      | 1.2 NAME  | William C. Copper       |
| STREET ADDRESS             | 4016-A NOVA ROAD     | 1.3 STREET ADDRESS                                    | 952 Big Tree Rd. Bldg A |
| CITY-ST-ZIP                | PORT ORANGE FL 32127 | 1.4 CITY-ST-ZIP                                       | S. Daytona, FL 32119    |
| TITLE                      |                      | 2.1 TITLE   | D                       |
| NAME                       |                      | 2.2 NAME  | Mark J. Miller          |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    | 952 Big Tree Rd. Bldg A |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       | S. Daytona, FL 32119    |
| TITLE                      |                      | 3.1 TITLE   |                         |
| NAME                       |                      | 3.2 NAME  |                         |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                      | 4.1 TITLE   |                         |
| NAME                       |                      | 4.2 NAME  |                         |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                      | 5.1 TITLE   |                         |
| NAME                       |                      | 5.2 NAME  |                         |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                      | 6.1 TITLE   |                         |
| NAME                       |                      | 6.2 NAME  |                         |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |                         |

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 J. Miller, Sec/Treas  3/28/97 904/756-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0023061

CR2E034 (9/96)