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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
2000

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

B0090071

DOCUMENT # P96000077338

1. Corporation Name: MC&M, INC.
(Manatee Crete-tations & More, INC.)

Principal Place of Business	Mailing Address
1360 Lake Washington RD Melbourne, FL 32935 US	1360 Lake Washington Rd P.O. Box #5 Melbourne, FL 32935US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1360 LAKE WASHINGTON RD Suite, Apt. #, etc.	2a. Mailing Address 1360 LAKE WASHINGTON ROAD Suite, Apt. #, etc. 27 Box #5
City & State MELBOURNE, Florida	City & State 28 MELBOURNE, FLORIDA
Zip / Country 32935 25 USA	Zip / Country 29 32935 30 USA

3. Date Incorporated or Qualified: 09/17/1996
4. FEI Number: 59-3402904 — 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

9. Name and Address of Current Registered Agent

JOHNSON, WILLIAM A.
6767 N. WICKHAM RD.
STE 400F
MELBOURNE, FL 32940 US

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 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 DP NAME BAKER, SUSAN D. STREET ADDRESS 3570 TURTLEMOUND RD CITY-ST-ZIP MELBOURNE, FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME BAKER, Donna M. STREET ADDRESS 3570 TURTLEMOUND RD CITY-ST-ZIP MELBOURNE, FL	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ST NAME BAKER, DOROTHY G. STREET ADDRESS 3570 TURTLEMOUND RD CITY-ST-ZIP MELBOURNE, FL	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Dorothy G. Baker DOROTHY G. BAKER 4/25/00 321-259-1643
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #