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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000092189 (5)

MCDONALD SERVICES, INC.

Principal Place of Business Mailing Address

FILED Feb 17 1997 8:00am Secretary of State

4 FAURTH 110 :		/

5262 TAOS COURT ORLANDO FL 3262		3262 TAOS COURT ORLANDO FL 32829-8544						
		,			3. Date incorporated or Qualified 11/08/1996			
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-34099	A A	pplied For	
21		Suite, Apt #, etc.			37-37019	<del></del>	ot Applicable Additional	
Suite. Apt. #, ε	ag.	27			5. Certificate of Status Desired	7	equired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip <b>24</b>	Country 25	Zip	Country 30		This corporation has liability to Florida Statutes	r intangible tax under : Yes	s. 199.032,	
24]	9. Name and Address of Curre		1201		10. Name and Address of New R			
AMERIL	AWYER CHARTERED		81 N	lame	L. C M. Dan-			
	MERIA AVENUE		<b>82</b> S	treet Addre	ss (P.O. Box Number is Not Accepta	able)	,,,,,,,	
	GABLES FL 33134	•	1.1_	3;	262 Taos Ct.			
			83					
			84 C	ity 🕢	1 1	FL 85 Zip	Code	
44 6		00 and 607 1509. Florida Statut	loo the above p		ration cult mits this statement for the		its registered	
office or regi	stered egent) or both, in the Stat	e of Florida: Such change was	authorized by th	e corporation	oration submits this statement for the on's board of directors. I hereby acc	ept the appointment a	s registered	
	amil ar will and accept no oci	gations of Section 607 0505, FI	orida Statutes.	( N	1-0(1)	2/10/97	•	
SIGNATURE.	Julino Tyand or printed name of regis elect	ger and title if applicable. (NOT	IE: Registered Agent s	gnature require	d when reinstating)	DATE		
12.	OFFICE 8 AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO		
TITLE P	\$TD	DELETE	1.1 TITLE	V	), , , , , , , , , , , , , , , , , , ,	Change	Addition	
	ACDONALD, JOHN CARL	4	1.2 NAME	Cre	utchfield, Richard	Michael		
	262 TAOS COURT		1.3 STREET ADD	ress 20	19 Albert Lee Pkwy			
CITY-SI-ZiP	ORLANDO FL 32829		1.4 CITY - ST - Z	P Wi	nter Ark, FL 3	2789		
TITLE	······································	DELETE	2.1 TITLE			Change	Addition	
.NAME	•		2 2 NAME			. Longe		
STHEET ADDRESS			2.3 STREET ADI	DRESS		· W		
CITY-ST-ZIP	**************************************		2 4 CITY-ST-	ZIP			Distriction	
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME		•	3.2 NAME			No. 11 1 1		
STREET ADDRESS		4	3.3 STREET AD					
CITY - ST - ZIP		Dr. etc	3.4 CITY-ST-2	ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			CI cliarge	Audition	
NAME			4. 2 NAME	DOFOO				
STREET ADDRESS			4.3 STREET AD					
CITY - ST - ZIP		DELETE	4.4 CITY - ST - Z 5.1 TITLE	P		☐ Change	Addition	
TITLE		C Detell	5.1 THE 5.2 NAME			change	Research Control of	
NAME CIDECT ADDRESS		•	5.3 STREET AD	ngess			1	
STREET ADDRESS			5.4 CITY-ST-2					
CITY-ST-ZIF		☐ DELETE	6.1 TITLE	."	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME		- v	6.2 NAME	,				
STREET ADDRESS			6.3 SYREET AD	DRESS		•		
			6.4 CITY - ST - 2	1				
CITY ST. Z-P				qp i				

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:

NO TYPED OF PRINTED NAME OF SOMING OFFICER OR DIRECTOR

2/09/97 (407)281-620