

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000044287 (5)**

1. Corporation Name
MCLEAN INSURANCE, INC.



Principal Place of Business 8935C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436	Mailing Address 8935C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Boynton Beach, FL		2a. Mailing Address 26 18 Knightsbridge Lane		3. Date Incorporated or Qualified 05/20/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-6756021	
23 City & State Boynton Beach FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33462		25 Country Palm Beach		29 Zip 33462	
26 Country USA		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
31		32		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCLEAN, TRACY 8935C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436		10. Name and Address of New Registered Agent 81 Name: TRACY MCLEAN 82 Street Address (P.O. Box Number is Not Acceptable): 18 KNIGHTSBRIDGE Lane 83 84 Boynton Beach FL 85 Zip Code: 33462	
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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: *Tracy McLean* President DATE: *4/27/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MCLEAN, TRACY	1.2 NAME	
STREET ADDRESS	8935C THUMBWOOD CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33436	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
NAME	MCLEAN, JOHN T III	2.2 NAME	
STREET ADDRESS	8935C THUMBWOOD CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33436	2.4 CITY - ST - ZIP	
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 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: *Tracy McLean* President DATE: *4/27/98* 561-963 7366

CR2E034 (10/97)