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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P97000053431 (7)

MCCOY ROAD HOLDINGS, INC.

**FILED** Apr 01 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address									n yaarisahi dia dahir haadi aadiin aadii aadiin dahat ahida diinta ahaba hida hiski 1640	
5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819				5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819						DO NOT WRITE IN THIS SPACE
										3. Date Incorporated or Qualified
<b>6 6</b> 25.33.33	20.00									06/17/1997
2. Principal Place of Business				2a. Mailing Address						4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt	# etc			26	Suite, Apt. #, etc.					140t Applicable
22				27						5. Certificate of Status Desired Security Securi
City & State				City & State						6. Election Campaign Financing \$5.00 May Be
23				28	7:-	1				Trust Fund Contribution Added to Fees
Zip	Country			Zip Cour			untry	y		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current			29 egiste						Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
v			is or ourion in	oğı atı	olog Agoli	···	B1 Name			
KHATIB, RASHID A										
5401 KIRKMAN ROAD Suite 725 Orlando Fl 32819							82	2 Street Add		ess (P.O. Box Number is Not Acceptable)
							83	1		
•	HUNNUU II	L 32018					L			
							84	City	1	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.								v the i	ned corpo corporatio	oration submits this statement for the purpose of changing its registered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable (NOTE: B							ed Ag	ent sign	ature required	ed when reinstating) DATE
12.	· · · · · · · · · · · · · · · · · · ·	OF	FICERS AND D	IREC		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D				☐ DELETE		TITLE			Change Addition
NAME	1				12 N					
STREET ADDRESS	ODI 11100 FI 40040							ADDRE	SS	
CITY-ST-ZIP TITLE	D	DU FL 320	19		☐ DELETE	_		ST - ZIP		Change   Addition
NAME	_	N 74411W					ITLE			☐ Change ☐ Addition
STREET ADDRESS	s 5401 KIRKMAN ROAD SUITE 7							2 2 NAME 2 3 STREET ADDRESS		
	DELLING EL CONTO									
CITY-ST-ZIP TITLE	OUTUINO LE 25018				0.000			2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME							NAME			Onlings
STREET ADDRESS						- 1		ADDRE	ss	
CITY-ST-ZIP								ST-ZIP		
TITLE	<del></del> -				DELETE		ITLE	01 211		☐ Change ☐ Addition
NAME						4.2	NAME			
STREET ADDRESS						4.3 5	STREET	ADDRE	ss	
CITY-ST-ZIP						4.4 (	CITY-S	T-ZIP		
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TITLE					☐ DELET <b>E</b>	6.1 T				☐ Change ☐ Addition
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STREET ADDRESS						6.3 9	TAEET	AODRE	ss	
CITY-ST-ZIP						6.40	ity-s	37- <b>ZI</b> P		

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 13 if changed, or on an attachment with an address.