

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

APPROVED
AND
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1998 MAR 13 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000089248 (3)**

1. Corporation Name

MCCANN OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O PEDRO A. MARTIN ESQUIRE
1221 BRICKELL AVENUE 24TH FLOOR
MIAMI FL 33131

C/O PEDRO A. MARTIN ESQUIRE
1221 BRICKELL AVENUE 24TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, PEDRO A ESO
C/O GREENBERG, TRAUIG, HOFFMAN, ET. AL.
1221 BRICKELL AVENUE - 24TH FLOOR
MIAMI FL 33133

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

3/11/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAHEY, BRUCE	
STREET ADDRESS	C/O 1221 BRICKELL AVENUE 24TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, STUART C	
STREET ADDRESS	C/O 1221 BRICKELL AVENUE 24TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Stuart C. Fisher	
13 STREET ADDRESS	Greenberg, Traurig, et al, 1221 Brickell	
14 CITY-ST-ZIP	Ave., Miami, Florida 33131	

21 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Stuart C. Fisher	
23 STREET ADDRESS	Greenberg, Traurig, et al, 1221 Brickell	
24 CITY-ST-ZIP	Ave., Miami, Florida 33131	

31 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Stuart C. Fisher	
33 STREET ADDRESS	Greenberg, Traurig, et al, 1221 Brickell	
34 CITY-ST-ZIP	Ave., Miami, Florida 33131	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

2/18/98 (56)
\$02-383

CR2E034 (10/97)