SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

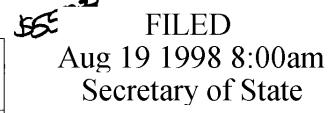
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000091048 (3)

MCEWAN ENTERPRISES, 1NC.





Principal Place of Business Mailing Address								- 1 4001/401 410 (01/) (04/) 00/) 04/4 00// 05//	ALME TERRE ROBER OLD OF JEIN FIND	
8720 COVE CT. TAMPA FL 33615				8720 COVE CT. TAMPA FL 33615				DO NOT WRITE IN THIS	SP ACE	
								3. Date Incorporated or Qualified		
								10/21/1997		
2. Principal P	lace of Business	2a. Ma	2a. Mailing Address				4. FELNumber O. C.	Applied For		
21			26	26				1 54-346-4X	Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			Ci	City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28					Trust Fund Contribution	Added to Fees	
Zip	Country		Zip Cou		ntry	8. This corporation owes or has paid the current year Intangible				
24 25			29					Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 81 N								10. Name and Address of New Registered	Agent	
MCEWAN, SCOTT J						۱۰۱	Name	ne		
	COVE CT.		ļ			Street Addre	ess (P.O. Box Number is Not Acceptable)			
TAMPA FL 33615						83				
							City		Tes Zin Codo	
						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							geni signature requir	red when reinstating) DATE		
12.	_	OFFICERS AN	D DIRECTO	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	D			DELETE	1.1 TO	ΊΕ			Change Addition	
NAME	MCEWAN, SC				1.2 NA	MÉ				
STREET ADDRESS 8720 COVE CT.			1.3 \$11			REET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33	315			1.4 CI	Y-\$T	-ZIP			
TITLE				DELETE	2.1 TIT	LE		[Change Addition	
NAME					2.2 NA	ME				
STREET ADDRESS					2.3 ST	REET	ADDRESS			
CITY-ST-ZIP					2.4 CIT		ZIP			
TITLE				DELETE	3.1 TIT			ĺ	Change Addition	
NAME					3.2 NA					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					3.4 CI		ZIP			
TITLE				L DELETE	4.1 TIT			ι	Change	
NAME					4.2 NA					
STREET ADDRESS					1		ADDRESS			
CITY-ST-ZIP					4.4 CH		-ZIP		_	
TITLE				L] DELETE	5.1 TIT			L	Change Addition	
NAME CYDEET ABORESS					5.2 NA		ADDDEGG			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				<u> </u>	5.4 CIT 6.1 TIT		-ZIP			
				DELETE				L	Change	
NAME CTOSST ADDRESS					6.2 NA		1000000			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					6.4 CIT	Y-ST	ZIP			

in siling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information around report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am seiver or justee empaying the execute this report as required by Chapter 607, Florida Statutes; and that my name appears 4. I hereby certify that the information supplied with indicated on this annual report or supplements an officer or director of the corporation or the in Block 12 or Block 13 if changed, or on