

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91020 038 ***150.00

DOCUMENT # P97000105700

1. Entity Name
MCR REAL ESTATE CORPORATION



Principal Place of Business
**1818 N.E. 8TH STREET
FT LAUDERDALE, FL 33304**

Mailing Address
**1818 N.E. 8TH STREET
FT LAUDERDALE, FL 33304**

94081682



04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

**2455 E. Sunrise Blvd
Suite, Apt. #, etc.
#502**

3. Mailing Address

**2455 E. Sunrise Blvd
Suite, Apt. #, etc.
#502**

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale FL

4. FEI Number
65-0800071

Applied For
Not Applicable

Zip
33304

Country
USA

Zip
33304

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RENAUT, CLEO M
1818 N.E. 8TH STREET
FT LAUDERDALE, FL 33304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2455 E. Sunrise Blvd Ste#502

City **Fort Lauderdale FL** Zip Code **33304**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RENAUT, CLEO M**
STREET ADDRESS **1818 N.E. 8TH STREET**
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Renaut, Cleo M** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2455 E Sunrise Blvd Ste#502**
CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #