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04-21-1999 90162 027 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000051019

1. Corporation Name
MCNAMARA HOLDINGS, INC.



Principal Place of Business C/O STEPHEN L. VINSON, JR., P.A. 1200 BRICKELL AVENUE, SUITE 1680 MIAMI FL 33131	Mailing Address C/O STEPHEN L. VINSON, JR., P.A. 1200 BRICKELL AVENUE, SUITE 1680 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 HIALEAH DR. Suite, Apt. #, etc.	2a. Mailing Address 26 15721 S.W. 93RD ST. Suite, Apt. #, etc.
22 City & State 23 HIALEAH, FL.	27 City & State 28 MIAMI, FL.
24 Zip 33010 25 Country U.S.	29 Zip 33196 30 Country U.S.

3. Date Incorporated or Qualified 06/05/1998	Applied For Not Applicable
4. FEI Number 65-0851546	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
VINSON, STEPHEN L JR.
1200 BRICKELL AVENUE, SUITE 1680
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name JAY R. MCNAMARA
82 Street Address (P.O. Box Number is Not Acceptable) 15721 S.W. 93RD STREET
83
84 City MIAMI 85 State FL 86 Zip Code 33196

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 Jay R. McNamara (NOTE: Registered Agent signature required when reinstating) DATE APRIL 18, 1999

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	MCNAMARA, JAY
STREET ADDRESS	C/O STEPHEN L. VINSON, JR., P.A.
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	MCNAMARA, MARIA ELENA
STREET ADDRESS	C/O STEPHEN L. VINSON, JR., P.A.
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(l), 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, with all other like empowered.

SIGNATURE: Jay R. McNamara DATE: 4/18/99 DAYTIME PHONE #: (305) 408-3800

CR2E034 (1.1/98)