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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARAMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	P98000085136
1. Corporation Name		1 00000000100

MCNEIL GROUP INC.

Principal Place	e of Business	Maining Address					
1482 ALLIGATOR DR. ALLIGATOR POINT FL 32346 1482 ALLIGATOR POINT FL 32346					1		
			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		
2 Drivers of O	lace of Business	2a. Mailing Address			10/05/1998 4. FEt Number	Appli	
21	lace of business	26			4. FEENGHICES	1 1	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			1	\$8.75 Add	11 - 1
22		27			5. Certificate of Status Desired []	Fee Requ	
City & State	е	City & State			6. Election Campaign Financing	\$5,00 M	
23	Country	[28]	Country		Trust Fund Contribution	Added to (Fees
Zıp 24	Country [25]	[Zip [36		,	8. This corporation owes the corrent year Personal Property Tax		INo i
2	9. Name and Address of Current	· L 1 · · · ·	31		10. Name and Address of New Registers	-	
			81	Name	-	· ·	
	IEIL, VAUGHN		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		}
	2 Alligator DR. Gator Point FL 32346			<u> </u>			į
ALU	GATUR POINT PL 32346		83				
			84	City	-	. 85 Zip Co	de
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abov	 e-pamed coro	•Crabon sobrids this statement for the purpose	of changing its re	aisterna
office or r	egistered agent, or both, in the State of	of Florida. Such change was authors of Section 607 0505. Florid	orized by	the corporation	on's board of directors. Thereby accept the app	pointment as regis	stered
SIGNATURE	in rammar with, and accept the obligation	ans or deciron our abos, rights	a Statutes	1			1
SIGNATURE	Signature, typed or printed name of registered agent	and title if apply able (NOT). Re	spstered Age	al soje alore require	Lwise Tremot energy OME		
12.	OFFICERS AND	the state of the s	13.	1	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	D MONEIL MALICUM	[DELETE	11 THLE 12 NAME	}	والمراجعة		[Add ton
STREET ADORESS	MCNEIL, VAUGHN 1482 ALLIGATOR DR.	,	ŧ .	LADORESS	300002756 03/05/93	⊃ f f .5*** -0112000	- 3 Ma
CITY-ST-ZIP	ALLIGATOR POINT FL 32346		14 (11) -5	1	****150.00) ****150	
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NAME.			2.2 NAME				ĺ
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CITY-ST-ZIP			2.4 City (\$	ST - 2001			
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NAME			3.2 NAME				
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CITY-ST-ZIP			44 CiTY-S	1.712			}
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NAME			5.2 NAME				[
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TITLE NAME		[] DELETE	62 NAME	1		[Change	[]Addion
STREET ADORESS				LADORESS			
CITY-ST-ZIP			64 CHY-5	i			1

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 tryal effect as if made under oath, that I am an officer or director of the corporation of 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 expowered.

SIGNATURE: SIGNATURE XIDA VALO OR PRINTED MANE OF SIGNING OF FICER OF DIRECTO

MARCH 1-99 349-9333