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PROFIT CORPORATION ANNUAL REPORT

1997

City-St-7iP

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Feb 06 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01169

(9)

M.R. ACQUISITION CORPORATION

Principal Place of Business Mailing Address 8024 NORTH OCEAN DR. 6024 NORTH OCEAN DR. HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-4807 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1990 02/02/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0226692 21 26 Not Applicable Suite Apt. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCDONOUGH, BRIAN J. 2200 MUSEUM TOWER Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER ST. **MAIMI FL 33130** 83 84 City 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 year, and accept the obligations of Section 607.0505, Florida Statutes. agent I am familiar 👱 SIGNATURE (NOTE: Fingistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change 1.1 TITLE ■ Addition TITLE ZINKLER, GEORGE, JR. NAME 1.2 NAME 6024 NORTH OCEAN DR. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY - ST - ZIP □ DELETE 2.1 TITLE Change Addition TELLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP City-St-Zir DELETE TITLE 3.1 TITLE ☐ Change Addition 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP Dilly - ST- ZIP DELETE ■ Change Addition THE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.2 NAME **5 3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CHY-S7-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST - ZIP

14. If do 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 it 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