

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 6:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S54286

(7)

1. Corporation Name

MCRG INVESTMENTS, INC.

Principal Place of Business

**20 W KALEY STREET
ORLANDO FL 32806**

Mailing Address

**20 W KALEY STREET
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1991

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3077495

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAYMAN, ALLAN S M.D.
20 W KALEY STREET
ORLANDO FL 32806**

81. Name

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

83.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	GEORGE, CHARLES W MD
STREET ADDRESS	20 W KALEY STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	STD
NAME	ELISCU, EDWARD H MD
STREET ADDRESS	20 W KALEY STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	CLAYMAN, ALLAN S M D
STREET ADDRESS	20 W KALEY STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	QUINN, THOMAS E MD
STREET ADDRESS	20 W KALEY STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	GREENBAUM, LENNARD D MD
STREET ADDRESS	20 W KALEY STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	COLVIN, L JOSEPH MD
STREET ADDRESS	20 W KALEY STREET
CITY - ST - ZIP	ORLANDO FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Allan Clayman MD President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 407-423-5511
DATE Daytime Phone #