

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S91268** (0)  
1. Corporation Name  
**MCAP, INC.**



Principal Place of Business <b>9440 S.W. 120 STREET MIAMI FL 33125 33176</b>	Mailing Address <b>8 WINDFLOWER PLACE DURHAM NC 27705-1957</b>
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3. Date Incorporated or Qualified <b>11/01/1991</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>65-0301302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9440 S.W. 120 ST.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8 WINDFLOWER PL.</b> Suite, Apt. #, etc.
22 City & State <b>MIAMI, FL</b>	27 City & State <b>DURHAM, NC</b>
23 Zip <b>33176</b>	28 Zip <b>27705-1957</b>
24 Country <b>USA</b>	29 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**MCDANIEL, JOHN R., JR.  
9440 SW 120 STREET  
MIAMI FL 33125  
33176**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code <b>FL 33176</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCDANIEL, JOHN R., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>8 WINDFLOWER PL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DURHAM NC 27705-1957</b>	1.4 CITY - ST - ZIP	<b>27705-1957</b>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCDANIEL, ATHENA M.</b>	2.2 NAME	
STREET ADDRESS	<b>8 WINDFLOWER PL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DURHAM NC 27705-1957</b>	2.4 CITY - ST - ZIP	<b>27705-1957</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 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: *John Randolph McDaniel, Jr.* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN RANDOLPH MCDANIEL, JR.**

3-1-97 305 233-2914

CR2E034 (9/96)