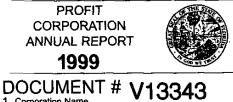
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

M. C. SYSTEMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90075 011 ***150.00



									1 53 41 6 44 4 6 1 344	1 000 1161 610 11 8 1			 1
Principal Place of Business Mailing Address								l	* 198/1 911891 11899 11894 11111 P	1844 litt Atmit At		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	117 81811 1881
6810 NW 255TH PLACE POST OFFICE BOX 429													
ALACHUA FL 32615				LACROSSE FL 32658				-	DO NOT WRITE IN THIS SPACE				
US			U	5				-	3. Date Incorporated or Qualifed	<u> </u>			
								ł	02/10/1992				1
2. Principal P	lace of Busine	55		a. Mailing Add	ress				4. FEI Number		T	App	lied For
Fillidipal Flace of Dusiness				26				1	59-3117264			Not	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.	75 A	dditional
- many representations				27				 -	5. Certificate of Status Desired		Fe	e Rec	ulred
City & State				City & State					6. Election Campaign Financing		\$5	4 00 .	May Be.
23				28					Trust Fund Contribution		Ad	ded to	Fees
Zip	Zip Country			Zip Cou			ountry		8. This corporation owes the cur	rrent year Inta			غي
24	2	5	29		30	<u> </u>			Personal Property Tax.		☐ Yes		No
	9. Name a	nd Address of	Current Reg	istered Agent					10. Name and Address of New	Registered /	Agent		
1100		***				81	Nam	e					
MCDANIEL, MICHAEL							Stree	t Address	ddress (P.O. Box Number is Not Acceptable)				
301 ELDRIDGE CLEARWATER FL 33715									<u> </u>				
CUE	AKWATEK FL	_ 33/15				83							
						84	City				85	Zip C	ode
										FL	44		
office or r	registered ager	nt, or both, in the nt, and accept the	e State of Flor	rida. Such cha	nge was autho	orized by	the cor	poration's	tion submits this statement for the board of directors. I hereby access	ept the appoin	ntment a	as reg	istered
SIGNATURE	Signature, typed or	printed name of regis	tered agent and titl	le if applicable.	(NOTE: Reg	istered Ager	nt signatur	e required who	en reinstating)	DATE			
12.	oignitule, typosi or		RS AND DIR			13.			ADDITIONS/CHANGES TO O	FFICERS AN	D DIRE	CTO	RS IN 12
TITLE	PST				DELETE	1,1 TITLE		T			Cha	inge	☐ Addition
NAME	MCDANIEL	. MAVIS J.				1.2 NAME							
STREET ADDRESS		55TH PLACE				1.3 STREE	TADORES	s					ì
CITY-ST-ZIP	ALACHUA					1.4 CITY-S	T-ZIP	Į					
TITLE	D				DELETE	2.1 TITLE		 -			Cha	ange	☐ Addition
NAME	MCDANIEL	. MAVIS J.				2.2 NAME							l
STREET ADDRESS		55TH PLACE				2.3 STREE	TADORES	s					Į.
CITY-ST-ZIP	-ALACHUA-					2:4 CITY-5	3T-ZIP						
TITLE					DELETE	3.1 TITLE					☐ Cha	ange	☐ Addition
NAME						3.2 NAME		1					
STREET ADDRESS	}					3.3 STREE	TADDRES	is					
CITY-ST-ZIP	L					3.4. CITY-5	ST-ZIP	<u> </u>					
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CITY-ST-ZIP	1					4.4 CITY-S	T-ZIP _	<u> </u>					
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NAME						5.2 NAME		1					į
STREET ADDRESS	.]					5.3 STREE	T ADDRES	ss					
CITY-ST-ZIP						5.4 CITY-S	T-ZIP						
TITLE					DELETÉ	6.1 TITLE			- -		Cha	ange	Addition
NAME			•			6.2 NAME							
STREET ADDRESS	.]					6.3 STREE	T ADDRES	s					
	(ſ					i

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)(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, with all other like empowered.