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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 25 1998 8:00am Secretary of State

Principal Place of Business   Studant Ft. 34894   STUART Ft. 34994		MENT # V4101 W. MCCANN, P.A.	7 (7)					
STUART FL 34994  STUART FL 34995 US  DO NOT WRITE IN THIS SPACE  3. Date incorporation of Qualified  OS/01/1992  2. Precipial Place of Business Suite, Apt #, etc. Su	Principal Plac	e of Business	Mailing Address	ing Address		4 (BB)) Avent alon then and takk too alon alon	1 ACAIL MINUS WAS	H BIBH MBI
US  Principal Place of Bueness								
Country   Coun					DO NOT WRITE IN THIS	SPACE		
Suite, Apt. 4, otc.  Suite, Ap								
Suite, Apt #, etc:    Suite, Apt #, etc:   Suite, Apt #, etc:   Suite, Apt #, etc:   Suite, Apt #, etc:   Suite, Apt #, etc:   Size   Status   Stat		lace of Business	2a. Mailing Address				F	·
City & State  Country  Country	21	#		la Cot # al-		65-0342637		
City & State  28    Country   Country   Country   Country   29   30   Country   29   Country   29   30   Country   29   Countr		#, etc.	· · · · · · · · · · · · · · · · · · ·	<u></u>		5. Certificate of Status Desired		
24   25   29   30	City & State	e	k m	ka ay				
25   29   30     Personal Property Tax due Juine 30   Ves   No	Zip	<del></del>		Country		<del></del>		
MCCANN, JAMES W. 516 CAMDEN AVE STUART FL 34994  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City	24			30	Personal Property Tax due June 30. Yes No			
STUART FL 34994  82 Street Address (P.O. Box Number is Not Acceptable)  83			nt Registered Agent			10. Name and Address of New Registered	Agent	
STUART FL 34994  11. Pursuant to the provisions of Socilous 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of 5050s horida Statutes.  SIGNATURE  12. OF LICE HS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. MAKE  MCCANN, JAMES W.  23. STREET ADDRESS  STUART FL  STUART FL  STUART FL  STUART FL  STUART FL  DELETE  11. TITLE  MAKE  STEET ADDRESS  STUART FL  DELETE  11. TITLE  MAKE  MCCANN, JAMES W.  21. STREET ADDRESS  STUART FL  DELETE  11. TITLE  MAKE  STEET ADDRESS  STUART FL  DELETE  11. TITLE  MAKE  MCCANN, JAMES W.  21. STREET ADDRESS  STUART FL  DELETE  11. TITLE  MAKE  MCCANN, JAMES W.  22. STREET ADDRESS  STUART FL  DELETE  11. TITLE  MAKE  MCCANN, JAMES W.  23. STREET ADDRESS  STUART FL  Change Addition  MCCANN, M				81	Name			
B3   B4   City				82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Socious 607 0502 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Supmired Appendix particular performance on patient report and the charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the appointment as registered agent agent and accept the appointment as registered agent, and accept the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent accept the appointment as registered agent accept the corporation's board of directors. I hereby accept the appointment as registered agent accept the corporation's board of directors. I hereby accept the appointment as registered agent accept the purpose of pagents accept the appointment as registered agent accept				83				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the citylightons of, Section 607 050s, Florida Statutes.  SIGNATURE  S				84	City	Fi	B5 Zip (	Code
SIGNATURE    Signature   Signa	11. Pursuant	to the provisions of Sections 607 05	92 and 607.1508, Florida Statuti	os, the above	e-named o		f changing it	s registered
12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD	office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607 0505, Flo	authorized by orida Statutes	the corpo i.	pration's board of directors. Thereby accept the app	ointment as	registered
12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  JOHLETE	SIGNATURE	Sturiature Noved or tentual name of nanctional ac-	nent and title Capita able // NOTE	Recustered Are	ot signatura r	equired when reinstallock		
NAME STREET ADDRESS CITY-SI-ZIP STUART FL  ST ORLETE  DELETE  DELETE  1.2 NAME  1.3 STREET ADDRESS 516 Camden Avenue Stuart, FT. 34994  STREET ADDRESS CITY-SI-ZIP  MCCANN, JAMES W.  22 NAME  STREET ADDRESS CITY-SI-ZIP  STUART FL  DELETE  DELETE  3.1 TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  TITLE  DELETE  DELETE  DELETE  41 TITLE  NAME  Addition  Change Addit  Change Addition  Change Addition  Change Addition  Change Addi			<del></del>				DIRECTOR	S IN 12
STREET ADDRESS CITY-ST-ZIP STUART FL ST MCCANN, JAMES W. STREET ADDRESS CITY-ST-ZIP STUART FL ST MCCANN, JAMES W. STREET ADDRESS CITY-ST-ZIP STUART FL ST MCCANN, JAMES W. STREET ADDRESS CITY-ST-ZIP STUART FL ST STANGE STREET ADDRESS CITY-ST-ZIP STUART FL ST STANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE ST	TITLE		DELETE	1.1 THILE			Change	Addition
STUART FL  ITITLE  NAME  MCCANN, JAMES W.  STREET ADDRESS  CHY-ST-ZIP  TITLE  NAME  STUART FL  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CHY-ST-ZIP  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  1.4 CITY-ST-ZIP  STUART, FT. 34994  Change Addition  Change Addition  Addition  TITLE  NAME  1.4 CITY-ST-ZIP  DELETE  1.4 CITY-ST-ZIP  STUART, FT. 34994  Change Addition  Change Addition  Change Addition  Addition  TITLE  NAME  1.4 CITY-ST-ZIP  Addition  Change Addition  Change Addition  Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  AMME	NAME			1.2 NAME	l			
TITLE NAME MCCANN, JAMES W.  STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS CHY-ST-ZIP  TITLE DELETE DELETE Addition  TITLE Addition  TITLE Addition  TITLE Addition  TITLE Addition  TITLE Addition  TITLE Addition  THE ADDRESS THE TADDRESS	STREET ADDRESS			1.3 STREET ADDRESS				
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP THE STREET ADDRESS STRE					T- ZIP	Stuart, FL 34994	-	
STREET ADDRESS CITY-ST-ZIP  STUART FL  DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 4.1 TITLE Addition Additi	1	•	L_J DRIFTE	1	1		* A Shange	L. Addition
STUART FL   2.4 CITY-SI-ZIP   Stuart FT, 34994   Change   Addition					ŀ			
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME         3.2 NAME         STREET ADDRESS         CITY-ST-ZIP         3.4 CITY-ST-ZIP         TITLE         DELETE         4.1 TITLE         Change         Addition         Ad					- 1			
NAME         3 ? NAME           STREET ADDRESS         3 3 STREET ADDRESS           CITY-ST-ZIP         3 4. CITY-ST-ZIP           TITLE         DELETE         4 1 TITLE         Change         Addition           NAME         4. 2 NAME         Addition		OTOMINTE	DELETE		SI · ZIP	Stuart, FL 34994	Channe	Addition
STREET ADDRESS   33 STREET ADDRESS   34. CITY - ST - ZIP			0227.10				L O'HANGO	
CITY-ST-ZIP   3.4. CITY-ST-ZIP     Change   Addition	l l				ADDRESS			
TITLE         DELETE         41 TITLE         Change         Addition           NAME         4.2 NAME								
							Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS	NAME	The state of the s		4. 2 NAME				į
To Office Addition	STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY - ST - ZIP			4.4 CITY - S	1 - ZIP			
taran da kananan da ka		☐ DELETE			Į		L Change	Addition
NAME 5.2 NAME								
STREET ADDRESS 5.3 STREET ADDRESS								
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition					T-ZIP		Chanac	Addition
							☐ Criange	L.J. AUGITION
NAME 62 NAME	l j				, DOOLOG			
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP								

14. Thereby 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

JAMES W. MCANN, Pres. 2-18-98

9600