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195 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Murrah
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V60176** (7)
 1. Corporation Name
MCDONALD/KINNEY GROUP, INC.

Principal Place of Business: **8120 SW 62ND AVE MIAMI FL 33143**
 Mailing Address: **8120 SW 62ND AVE MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 State, Apt. # etc.: **22**
 State, Apt. # etc.: **27**
 City & State: **23**
 City & State: **28**
 Zip: **24** Locality: **25** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **08/24/1992** 3a. Date of Last Report: **10/05/1994**
 4. FEI Number: **65-0368186** 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 (1)(2), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MCDONALD, JAMES
8120 SW 62ND AVE.
MIAMI FL 33143

10. Name and Address of New Registered Agent
 81 Name: _____
 82 Street Address (P.O. Box Numbers Not Acceptable): _____
 83 _____
 84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.09(4) and 607.15(4), 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 is authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Law both as stated in Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
12-1 NAME D MCDONALD, JAMES STREET ADDRESS 8120 SW 62ND AVE CITY, STATE, ZIP MIAMI FL		13-1 NAME 13-2 STREET ADDRESS 13-3 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 NAME STREET ADDRESS CITY, STATE, ZIP		13-4 NAME 13-5 STREET ADDRESS 13-6 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME STREET ADDRESS CITY, STATE, ZIP		13-7 NAME 13-8 STREET ADDRESS 13-9 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME STREET ADDRESS CITY, STATE, ZIP		13-10 NAME 13-11 STREET ADDRESS 13-12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME STREET ADDRESS CITY, STATE, ZIP		13-13 NAME 13-14 STREET ADDRESS 13-15 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the information is included on this annual report or supplemental annual reports. I further certify that I am an officer or director of the corporation or have the same right office. I am of legal age and of legal mind, and I am not disqualified by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing as changed or appointed with an address.

SIGNATURE: *[Signature]* 4/24/95 305-448-4166