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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 22 1997 8:00am

Secretary of State

813-6235477

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 440818

(3)

SIGNATURE:

MACO O	F FLOHIDA, INC.						
Principal Piace	e of Business	Mailing Address				ANI HADI	
3502 RIGA BLVD. TAMPA FL 33619		3502 RIGA BLVD. TAMPA FL 33619-8349					
					3. Date Incorporated or Qualified 3a. Date of Last Re . 11/27/1973 04/19/1996	port	
·····	lace of Business	2a. Mailing Address				olied For	
21 Surte, Apt. #, etc		Suite Apt. #, etc.			59-1508427   Not Applicable   \$8,75 Additional		
Sorie, Apr.	#, etc	27			5. Certificate of Status Desired Fee Required		
City & State	2	City & State			6. Election Campaign Financing \$5.00	·	
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip	<del></del>		8. This corporation has liability for intangible tax under s. 199.032,		
		29	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Current	r Hegistered Agent	2	Name .			
	FORD (F. WILLIAM)			L K	EXPORD LT. WILLIAM		
	TERRACE HILL DR. PLE TERRACE FL 33817		82 Street Add		dress (P.O. Box Number, is Na. Acceptable)		
IEMI	PLE TERRACE PL 33017		1	3	Z Office   Discore		
			-		[o-1 *- o		
				City 7747	MPA FL   BS   Zipc	247	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	tes, the abo	ove-named cor	poration submits this statement for the purpose of changing its	registered	
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. Lam familiar with, and purpose the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE	Allellen	Certina_			///3/97		
	Signal are type at or preded name of inquiring a per			Agent signature requ	uireo when reinstating) DATE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Change	Addition	
NAME	REXFORD, J.S.	The December	1.2 NAM	. 5	CYPORD TC		
STREET ADDRESS	505 TERRACE HILL DR			EET ADDRESS	TEXPORD J.S 1812 GREYBROOKE		
CITY-ST-ZIP	TEMPLE TERRACE FL			l	AMPA PL 33647		
TITLE			2.1 TITL		) "I'l water	Addition	
NAME	REXFORD, (F. WILLIAM)		2.2 NAN	∉  R	EXFORD F.WM 1812 Grey Brooke		
STREET ADORESS	505 TERRACE HILL DR.		2.3 STR	EET ADDRESS \	1812 CHEY BILLE		
CITY-\$1-ZIP	TEMPLE TERRACE FL			Y-ST-ZIP	14M/A, 12 536+1		
TITLE	VP DELETE		3.1 TITL		Change	Addition	
NAME	REXFORD, PAUL F.		3.2 NAM	E K	EXFORD PAUL +		
STREET ADDRESS	4024A LAKE UNDERHILL DR ORLANDO FL		1		LANDO PL 32503		
CITY-ST-ZIP TITLE	UNLAVIDO FL	☐ DELETE	4 1 Tifu		Change	Addition	
NAME			4. 2 NA				
STREET ADORESS				EET ADDRESS			
CITY-ST-2IF			4.4 CITY	Y-ST-ZIP			
TITLE		DELETE	5.1 TITL	E	☐ Change	Addition	
NAME			5.2 NAN	1E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
C(17+S1-2)F		T nevere		r-\$1-2IP	. ,,	1.3.00	
TITLE		☐ DELETE	6.1 F(T)		Change	Addition	
NAME			6.2 NAN				
STHEET ADDRESS				EET ADDRESS			
017-S1-712 <b>14.</b> I do herel	by certify that the information scientism	with this filling does not qual	ity for the e	r-ST-7IP xemption state	ed in Section 119.07(3)(i). Florida Statutes. I further certify that t	he	
informatio	on indicated on this annual report or si	upplemental annual report is	true and ac	curate and tha	at my signature shall have the same legal effect as if made und ort as required by Chapter 607, Florida Statutes; and that my no	er oath; that	
appears i	n Block 12 or Block 13 it changed, or	on an attachment with an ad	dress.	obato tina rapit	1		
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