FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Morthami Secretary of State DIVISION OF CORPORATIONS

1996

(9)

DOCUMENT #

MACINTYRE ENTERPRISES, INC.

1,510114					
Principal Place	of Business	Mailing Address			ANSIN ALBU AIBIN BIBN AIBN AIBN AIBN 1981
10508 FORES BRADENTON US	T RUN DR FL 34202-9745	10508 FOREST RUN BRADENTON FL 342 US			
us		US		3. Date Incorporated or Qualified 3a 06/27/1980	a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21	ote	Suite, Apl. #, etc.	···-	59-2019490	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust rund Contribution —	Added to Fees
Ζip	Country	<i>Σ</i> φ	Country	8. This corporation has liability for intan	
24	g. Name and Address of Current	29 Registered Agent	30	10. Name and Address of New Regis	
	3. 1141115 4114 7144 155 151		81 Name		
MACINTYRE, NEIL 10508 FOREST RUN DR			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			oz Street Ad	gress (. c. box regimber is not Acceptable)	
BRADEN	ITON FL 34202-9745	•	83		
			84 City		85 Zip Code
				oration submits this statement for the purposi	FL
12.	Signature: typied or prefied had contract broad agostion OFFICERS AND	DIRECTORS	7.018. Registered Agent Signar in to p. 1.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	□ DELETE	1.1111.6		Change Addition
NAME .	MACINTYRE, NEIL 10508 FOREST RUN DR. E		1.2 NAME		
STREET ADORESS	BRADENTON FL 34202		1.3 STREET ADORESS		
CITY-ST-ZIP TITLE	VD	[] DELETE	1.4 CHY+S1+ZIF 2.1 THLE		Change
NAME	PRINCE, MARY ANN	L .,,	2.2 NAME		
STREET ADDRESS	1824 LENOX RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30306		2.4 CITY ST 70°		
TITLE	STD	☐ DELETE	3 1 TOTLE		Change Addition
NAME	Macintyre, Mabel 10508 Forest Run Dr. E.		3.2 NAME		
STREET ADDRESS	BRADENTON FL 34202		3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE	DISTRICTION IL OTENE	DELETÉ	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		·	4.4 CHY - ST - ZIP		
TITLE		DELETE	5 1 TIFLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY - ST - ZIP TITLE		DELETE	6 4 CHY SI-ZIC 6 1 THEF		Change Addition
NAME		ш	62 NAME		_ , _
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6401Y-S1-ZIP		
	y certify that the information supplied v	with this filing is voluntarily fu	mished and does not qualif	y for the exemption stated in Section 119.070	3)(k), 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 trusted 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.

oged, or on an attachment when an applicas.

LE. May Suttyle Sect/Deas. 4-20-96 941-739-1356

OTYPED OR PRINTED HAME OF SIGNING OFFIGHT OF DIRECTOR.