

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-28-1999 90004 029 *****61.25

DOCUMENT # 703813

1. Corporation Name
MACTOWN, INC.

Principal Place of Business
127 N.E. 62ND STREET
MIAMI FL 33138

Mailing Address
127 N.E. 62ND STREET
MIAMI FL 33138



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/30/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6135600	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, GREGORY 127 NE 62 ST MIAMI FL 33138				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gregory Jones* Gregory Jones 1-06-99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, PETER	1.2 NAME	
STREET ADDRESS	8765 SW 176 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, HERBERT	2.2 NAME	
STREET ADDRESS	1000 ST CHARLES PLACE #417	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKARIN, STANLEY DR.,	3.2 NAME	
STREET ADDRESS	8500 SW 92ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKLE, BRAD SR.	4.2 NAME	
STREET ADDRESS	10350 W. BAY HARBOR DR. #4-F	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, ERWIN	5.2 NAME	
STREET ADDRESS	4525A PANDANUS TREE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITHORN, ANN	6.2 NAME	
STREET ADDRESS	10000 W. BAY HARBOR DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	6.4 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 617, 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.

SIGNATURE: *Herbert Kaye* SIGNATURE REQUIRED: Herbert Kaye 1-06-99 (305) 758-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)