SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # H53045

(1)

KERRY E. MACK, P.A. Principal Place of Business Mailing Address 2022 PLACIDA RD. ENGLEWOOD FL 34224 ENGLEWOOD FL 34224					3. Date Incorporated or Qualified 3a. Date of Last Report	
					04/19/1985	03/13/1995
	ace of Business	2a, Mailing Address			4, FE) Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc		59-2541051	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζιρ	Countr	у	8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Cur	rrent Registered Agent	81	II Name	10. Name and Address of New Re	gistered Agent
	CK, KERRY E.			INATIVE		
	2 PLACIDA RD.		82	! Street Add	ress (P.O. Box Number is Not Acceptat	ole)
ENG	GLEWOOD FL 34224		8:	3		
			84	City		FL 85 Zip Code
office or re		ate of Florida. Such change was	s authorized by	the corporati	oration submits this statement for the pion's board of directors. I hereby acception's	
SIGNATURE	<u>.</u>		 .			
12.	Signature typed or printed numb of registered OFFICERS	d agent and life if applicable (f	13.	jent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF I	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	11111116		ADDITIONS, CHANGES TO OTT	Change Addition
NAME	MACK, KERRY E.		1.2 NAME			
STREET ADDRESS	2022 PLACIDA		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		1 4 CIFY -	ST - Z:P		
TITLE		DELETE				Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREE	T ADDRESS		
CITY-ST-ZIP			2 4 CITY			
TITLE		L DELFTE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				EL ADDRESS		
CITY-ST-ZIP TITLE	DELETE		34 OTY 41 TITLE			Change Addition
NAME				4 2 NAME		
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE	DELETE		5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADORESS			5.3 STREI	T ADDRESS		
CITY - ST - ZIP		T seres	5 4 CITY			0
TITLE		DELETE 61TITLE				Change Addition
NAME			6 2 NAM8			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	ov certify that the information sur-	alical with this filing is voluntarily	64 CHY		lify for the exemption stated in Section	1.19.07(3)(k). Florida Statutos 1
further cer made und that my na	rtify that the information indicated ler oath, that I am an officer or dir ame appears in Block 12 or Block	don this annual report or supple rector of the corporation or the n (13 if changed, as on an attachn	mental annual eceiver or trus nent with an ac	report is true a see empowere ldress.	and accurate and that my signature shi d to execute this report as required by	all have the same legal effect as if Chapter 617, Florion Statutes, and

TURE AND TYPED OF PRATED NAME OF SIGNING OFFICER OF DIRECTOR