

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000020412 (7)

1. Corporation Name
 MACE-KINGSLEY CLEARWATER, INC.



Principal Place of Business: 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615
 Mailing Address: 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

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

9. Name and Address of Current Registered Agent

KINGSLEY, CAROL
 1524 SMALLWOOD CIRCLE
 CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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	P	<input type="checkbox"/> DELETE
NAME	KINGSLEY, CAROL	
STREET ADDRESS	1524 SMALLWOOD CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, GREG	
STREET ADDRESS	1524 SMALLWOOD CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EGGEN, DEAN	
STREET ADDRESS	1524 SMALLWOOD CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHONNESSON, LISA	
STREET ADDRESS	1524 SMALLWOOD CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	C	<input type="checkbox"/> DELETE
NAME	AVRIN, JEFF	
STREET ADDRESS	1524 SMALLWOOD CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, KARYN	
STREET ADDRESS	1524 SMALLWOOD CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 34615	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T CARLEY, Devin
3.3 STREET ADDRESS	1524 Smallwood Cir
3.4 CITY-ST-ZIP	Clearwater FL 34615
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (5/98)