File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR -5 PM 4: 25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # L97000001421 1a. Principal Place of Business Address MACK HOLDING, L.L.C. %-GEORGE DADAKIS & GEORGE DADAKIS 200 MAGFARLANE DRIVE 200 MACFARLANE DRIVE DELPAY BEACH FL 33444 DELRAY BEACH FL 33444 3. Date Organized or Qualified | 3a. State of Formation ncipal Place of Business C KOBCRTH DADAKIS (I WARSON CAKS CT. 20. Mailing Address TA DADAKIS 1411 WARSON OAKS CT. 12/19/1997 4. FEI Number Applied For 13-2934014 City & State Not Applicable ST. LOUIS, MO MO 5. Date of Last Report 6. Certificate of Status Desired 63122 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DADAKIS, GEORGE Street Address (P.O. Box Number la Not Acceptable) 200 MACFARLANE DRIVE DELRAY BEACH FL 3344 Suite, Apt. #, etc. Zip Code City DELPAY BONCH 33483 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE 3 SIGNATURE (Rogistered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM DADAKIS, GEORGE 491 HARRISON AVENUE HARRISON NY 491 HARRISON AVENUE MGRM DADAKIS, LOIS HARRISON NY 700002452187---03/10/98--01047--006 ****197.50 ****197.50 11. Up hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER