

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 19 AM 11:26

**DOCUMENT # 149548 (0)**

1. Corporation Name  
**MAC CORPORATION**

Principal Place of Business Mailing Address  
**\* ROSE MARIE CHALEK** **\* ROSE MARIE CHALEK**  
**11044 PINTO DRIVE** **11044 PINTO DRIVE**  
**FOUNTAIN HILLS AZ 85268** **FOUNTAIN HILLS AZ 85268**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/18/1946** 3a. Date of Last Report **03/04/1994**

4. FEI Number **59-0672763** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CASSEL, MARWIN S., P.A.  
COURTHOUSE CENTER,  
175 N.W. 1ST AVENUE  
MIAMI FL 33128**

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

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 **PD**  
 NAME **CHALEK, ROSE MARIE**  
 STREET ADDRESS **11044 PINTO DRIVE**  
 CITY - ST - ZIP **FOUNTAIN HILLS AZ**

TITLE **ST**  
 NAME **CHALEK, RICHARD**  
 STREET ADDRESS **2/MIDWAY AVE**  
 CITY - ST - ZIP **LOCUST VALLEY NY**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 my address.

**SIGNATURE:** *Rose Marie Chalek*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 20, 1995* **607-837-7460**  
 DATE DAYTIME PHONE #