FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR -7 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 236640 (9)

1. Corporate Name
MACK'S GROVES, INC.

Principal Place of Business	Mailing Address
1180 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062-4322	1180 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062-4322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1960	3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-0910433	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ADLER,FRANK
DANIA CITY HALL
100 DANIA BEACH BOULEVARD
DANIA FL 33304

10. Name and Address of New Registered Agent

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	VRANA,EDWARD J	12 NAME	
STREET ADDRESS	4405 N. OCEAN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	ATD	21 TITLE	☐ Change ☐ Addition
NAME	VRANA,EVA F	22 NAME	
STREET ADDRESS	4405 N. OCEAN DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MASSINGILL, JOAN VRANA	32 NAME	
STREET ADDRESS	2731 NE 10STREET	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	ADLER,FRANK	42 NAME	
STREET ADDRESS	301 BAYVIEW BLDG.	43 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CHESHIER, DARLA VRANA	52 NAME	
STREET ADDRESS	227 CORSAIR	53 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE-BY-SEA FL	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	MASSINGILL, JERRY	62 NAME	
STREET ADDRESS	2731 NE 10 STREET	63 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	64 CITY-ST-ZIP	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and 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: Joan Vrana Massingill President 3-1-95 305-941-4528
(Signature and Type or Print Name of Individual) (Title) (Date) (Daytime Phone #)
JOAN VRANA MASSINGILL

0104413 CP