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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 236640 (9)

MACK'S GROVES, INC.

FILED

Feb 11 1998 8:00am

Secretary of State

Principal Place of Business 1180 NORTH FEDERAL HIGHWAY		Mailing	Address				*** #81 81811 #1	*** ***** *****	
			NORTH FEDER						
POMPANO B	BEACH FL 33062-4322	PON	ipano Beach Fi	L 33062-4322		DO NOT WRI	TE IN THIS S	DACE	
						3. Date Incorporated or Qualified		" HOL	
						05/18/1960	•		
2. Principal Pla	ace of Business	2a. Mai	ling Address			4. FEI Number		TIA	pplied For
21		26				59-0910433		1 1	ot Applicable
Suite, Apt #, etc			Suite, Apt. #, etc.			6. Certificate of Status Desired		\$8.75	Additional
22		27	4			6. Certificate of Status Desired		Fee R	equired
City & State		the second second	City & State			6. Election Campaign Financing			Мау Ве
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Counti	У	8. This corporation owes or has p	-	- · -	I
24	25 g. Name and Address of Currer	29	I Agent	30		Personal Property Tax due Jur 10, Name and Address of New F			No
	ASSINGILL, JOHN V.	II LIONIBIOLOL	Agont	8	Name or				- 4: T-1X
t e	180 N. FEDERAL HWY.			<u> </u>	Sn	nould be: Massingill		v. (n	ot John,
	OMPANO BEACH FL 33062			8	Street Addr	ress (P.O. Box Number is Not Accept	able)		
"	AMILY DEVOLUE LE 19005			8:	3				
ľ									
				84	City		FL	85 Zip	Code
11 Pursuant to	the provisions of Sections 607 050	2 and 607.15	08. Florida Stat	utes, the abo	ve-named corn	poration submits this statement for the	-	changing	its registered
office or re	gistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, S	uch change was	s authorized t	y the corporat	poration submits this statement for the tion's board of directors. I hereby acc	ept the app	ointment as	registered
	mamiliar with, and accept the oblig	anons or, sec	лон 6 07.0303, т	rionua Statuti	98.				
SIGNATURE _	Signature Typical or printed manic of region of aga	ortand the intaggs	rable (N	OTE Registered A	pent signature requir	red when reinstating)	DATE		——— i
12.	OFFICERS AN	D DIRECTOR		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	TD		DELETE	1.1 TITLE				Change	Addition
NAME	vrana,edward j			1.2 NAME					
STREET ADDRESS	4405 N. OCEAN DRIVE			1.3 STREE	T ADDRESS		,		Į
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-	ST-ZIP				
TITLE	ATD		☐ DELETE	21 TITLE				☐ Change	☐ Addition
NAME	VRANA,EVA F		•	22 NAME					
STREET ADDRESS	4405 N. OCEAN DRIVE			2.3 STREE	T ADDRESS				į
CITY-ST-ZIP	FORT LAUDERDALE FL			2. 4 CITY	- ST - ZIP		 		
TITLE	PD		DELETE	3.1 TITLE				Change	Addition
NAME	MASSINGILL, JOAN VRANA			3.2 NAME					
STREET ADDRESS	2731 NE 10STREET	00			T ADDRESS				
CITY-ST-ZIP	POMPANO BEACH, FL 000	W	DELETE	3.4. CITY				Change	☐ Addition
TITLE			□ DELETE	4 1 TITLE	1			Change	L.J AUGILION
NAME	VAN, MIDDELEM ERIC			4 2 NAM					ļ
STREET ADDRESS	1180 N. FEDERAL HWY. POMPANO BEACH FL				T ADDRESS				
CfTY - ST - ZIP	VPD		DELETE	4.4 CITY -	ST-ZIP			Change	Addition
TITLE	CHESHIER, DARLA VRANA		ביין מנננונ	5.1 TITLE				- vigilite	
NAME	227 CORSAIR			5.2 NAME					
STREET ADDRESS	LAUDERDALE-BY-SEA FL				T ADDRESS				
CITY+ST-ZIP	VP		DELETE	5.4 CITY - 6.1 TITLE				Change	Addition
TITLE	MASSINGILL, JERRY		₽ beer it		1			L Vinnige	L NOULION
NAME OZDESI ADDOSOS	2731 NE 10 STREET			6.2 NAME					
STREET ADDRESS	POMPANO BCH. FL				T ADDRESS				ĺ
CITY-SI-ZIP		ath thin fileses	door not rucell	6.4 CITY-		Section 119 07/3/(i) Florida Statutes	I further on	rtifu that the	a information

remove that we information supplies with missining codes not quanty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is report and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of this 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.

215 98

(954)941-4528