FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 236640

Country

9. Name and Address of Current Registered Agent

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Zip

City & State

SIGNATURE

MACK'S GROVES, INC.

Mailing Address Principal Place of Business 1180 NORTH FEDERAL HIGHWAY 1180 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062-4322 POMPANO BEACH FL 33062-4322 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

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City & State

Zip

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90078 046 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/18/1960 4. FEI Number

59-0910433

MASSINGILL, JOAN V 1180 N. FEDERAL HWY.			81	Name				
			82	Street	Address (P.O. Box Number is Not Acceptable)			
			0.	Succir	Address (1.0. Box Hamber is Not 7 Goop assort			
POM	PANO BEACH FL 33062		83					
			-			85 Zip C	'ada	
			84	City	Fl	85 Zip C	oue	
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		DOTE: Pa	intered Agen	L nianatura re	equired when reinstating) DATE			
	Signature, typed or printed name of registered agent and title if applicate OFFICERS AND DIRECTOR		13.	Signature	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	TD	☐ DELETÉ	1.1 TITLE		ABBITION OF THE CONTROL OF THE CONTR	Change	Addition	
l	VRANA,EDWARD J		1.2 NAME				_	
NAME	4405 N. OCEAN DRIVE		1.3 STREET	ADDRESS				
STREET ADDRESS	FORT LAUDERDALE FL		1.4 CITY-S	- 1				
CITY-ST-ZIP TITLE	ATD	□ DELETE	2.1 TITLE	-ZIF		Change	Addition	
	VRANA.EVA F	2.2 NA						
NAME	The state of the s		2.3 STREE1	*UDDESS				
STREET ADDRESS							1	
CITY-ST-ZIP	FORT LAUDERDALE FL PD	DELETE	2.4 CITY-S 3.1 TITLE	<u> -∠</u> P		€ Change	Addition	
TITLE		D DECETE	3.2 NAME				_ (
NAME	MASSINGILL, JOAN VRANA	•		4000500				
STREET ADDRESS	ETOT THE TOOTHEET		3.3 STREET				ļ	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	☐ DELETE	3.4. CITY-S 4.1 TITLE	Ţ-ZIP		[] Change	[] Addition	
TITLE	S	□ pere≀e					C) Haaman	
NAME	VAN, MIDDELEM ERIC		4, 2 NAME					
STREET ADDRESS	1180 N. FEDERAL HWY.		4.3 STREET					
CITY-ST-ZIP			4.4 CITY-S	r-ZIP		[1 Change	Addition I	
TITLE	VPD	☐ DELETE	5.1 TITLE			Cliange	☐ ¥00/llon }	
NAME	CHESHIER, DARLA VRANA		5.2 NAME				}	
STREET ADDRESS	221 CONSAIN		5.3 STREET					
CITY-ST-ZIP	ACCENDALE DI OLA I L		5.4 CITY-S	r-ZIP			F7 • 4495	
TITLE	VP	☐ DELETE	6.1 TITLE			Change	Addition	
NAME	MASSINGILL, JERRY		6.2 NAME				ļ	
STREET ADDRESS	2731 NE 10 STREET		6.3 STREET					
CITY-ST-ZIP	POMPANO BCH. FL		6.4 CITY-S			-11E - 11 - 1 - 1		
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								

Country

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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 app Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.