

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 315566 (0)

1. Corporation Name
MAC ASSOCIATES, INC.



Principal Place of Business Mailing Address
729 SKYLOCK DR. N DUNEDIN FL 34698

3. Date Incorporated or Qualified **04/10/1967** 3a. Date of Last Report **01/30/1995**
4. FEI Number **59-1162782** 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. Subst. Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**CURTIS, ROBERT H
729 SKYLOCK DR, N
DUNEDIN FL 34698**

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 607.1506, 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 for previous name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **P**
NAME: **CURTIS, ROBERT H**
STREET ADDRESS: **2188 CAMPUS DR**
CITY-ST-ZIP: **CLEARWATER FL**

TITLE: **V**
NAME: **CURTIS, HAZEL L**
STREET ADDRESS: **1012 PEARCE DR.**
CITY-ST-ZIP: **CLEARWATER FL**

TITLE: **SD**
NAME: **CURTIS, WILMA C**
STREET ADDRESS: **2188 CAMPUS DR**
CITY-ST-ZIP: **CLEARWATER FL**

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE: **P**
2. NAME: **CURTIS, ROBERT H.**
3. STREET ADDRESS: **2084 DRUID RD**
4. CITY-ST-ZIP: **CLEARWATER, FL, 34624**

2. TITLE: Change Addition

2. NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3. TITLE: **SD**
3.2 NAME: **CURTIS, WILMA C.**
3.3 STREET ADDRESS: **2084 DRUID RD**
3.4 CITY-ST-ZIP: **CLEARWATER, FL, 34624**

4. TITLE: Change Addition

4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5. TITLE: Change Addition

5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6. 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 119.07(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 an address.

SIGNATURE: *Robert H. Curtis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 **813-783-4038**
DATE DAY/TIME PHONE #

CR2E034 (12/95)