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 # **348084** **(5)**

1. Corporation Name

MACRE CONSTRUCTION INC

Principal Place of Business	Mailing Address
311 S. MISSOURI AVENUE CLEARWATER FL 34616	311 S. MISSOURI AVENUE CLEARWATER FL 34616

3. Date Incorporated or Qualified: **06/17/1969**
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21: 911 Chestnut Street
22: Suite, Apt. #, etc.
23: City & State: Clearwater, FL
24: Zip: 34616 25: Country: USA

2a. Mailing Address
26: 911 Chestnut Street
27: Suite, Apt. #, etc.
28: City & State: Clearwater, FL
29: Zip: 34616 30: Country: USA

4. FEI Number: **59-1290161** ☐ 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

9. Name and Address of Current Registered Agent

LYONS, GARY W ESQ.
311 S. MISSOURI AVENUE
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: BRUCE BOKOR
82 Street Address (P.O. Box Number is Not Acceptable): 911 Chestnut Street
83:
84 City: Clearwater **FL** 85 Zip Code: 34616

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] 5/31/96
Signature, Typed or Printed Name of Registered Agent & Title, if Applicable — NOTE: Registered Agent's signature required for initial or reinstatement — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MACRE, ANNETTE 744 ELDORADO AVE CLEARWATER BCH, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VTS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPT MACRE, DAN 744 ELDORADO AVE CLEARWATER BCH, FL 00000	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOACRE, DANIEL M. J 1533 ROSEWOOD ST. CLEARWATER FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P MACRE, DANIEL M. JR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	900001868779 -06/20/96--01020--008 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: [signature] 4-29-96 813-443-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #