

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 # 379232

1. Corporation Name
MAC-VAIL, INC.

Principal Place of Business

~~230 SOUTH COMMERCE AVE~~
~~P.O. BOX 391~~
SEBRING FL 33870
US

Mailing Address

~~P.O. BOX 391~~
~~P.O. BOX 391~~
~~SEBRING FL 33870~~
US

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90072 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1971

4. FEI Number

59-1318863

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2543 US 27 South

2a. Mailing Address

26 2543 US 27 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 25

29 33870 30 USA

9. Name and Address of Current Registered Agent

MACBETH, J. ROSS
2543 U.S. 27 SOUTH
SEBRING FL 33872

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME MACBETH, JANA VAIL
STREET ADDRESS 491 NE DURAND DRIVE
CITY-ST-ZIP ATLANTA GA

TITLE TD
NAME MACBETH, ROBERT MARK
STREET ADDRESS 1702 ANDALUSIA ST.
CITY-ST-ZIP SEBRING FL

TITLE PD
NAME MACBETH, JOSEPH ROSS
STREET ADDRESS 956 NW LAKEVIEW DRIVE
CITY-ST-ZIP SEBRING FL

TITLE SD
NAME MACBETH, HOWARD SCOTT
STREET ADDRESS 5406 N. HUCKLEBERRY
CITY-ST-ZIP SEBRING FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

(941) 385-7600

Daytime Phone #

CR2E034 (11/98)