


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **428913** (8)
1. Corporation Name
MACKAY ESTATES, INCORPORATED



Principal Place of Business 900 SOUTH GLENCRUITEN AVENUE P.O. BOX 1028 LAKE ALFRED FL 33850	Mailing Address P.O. BOX 11 P.O. BOX 1028 LAKE ALFRED FL 33850 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 900 South Glencruiten Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 11 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/21/1973	4. FEI Number 59-1469906 Applied For Not Applicable
22 City & State 23 Lake Alfred, FL	27 City & State 28 Lake Alfred, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33850 25 Country Polk	29 Zip 33850 30 Country Polk	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, ALICIA L
4035 WITTWOOD COURT
ORLANDO FL 32817**

81 Name Alicia L. Clark
82 Street Address (P.O. Box Number is Not Acceptable) 127 West Fairbanks Avenue
83 Suite #441
84 City Winter Park
85 Zip Code FL 32789

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 **Alicia L. Clark**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKAY-JAMES, MAXIM	1.2 NAME	
STREET ADDRESS	900 S. GLENCRUITEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ALICIA L	2.2 NAME	
STREET ADDRESS	4035 WITTWOOD COURT	2.3 STREET ADDRESS	Clark, Alicia L.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	127 W. Fairbanks Ave. #441
TITLE	PD	3.1 TITLE	Winter Park, FL 32789
NAME	MACKAY-JAMES, SUSANAH	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900 S GLENCRUITEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWSE, BILL	4.2 NAME	
STREET ADDRESS	135 5TH STREET NORTHWEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WITNER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE **Susanah Mackay-James** **Mackay-James 941-9561319**

CR2E034 (10/97)