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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 463594

(2)

MAC-WAY, INC.

Principal Place of Business

Mailing Address

7325 N. MIAMI AVENUE MIAMI FL 33150 7325 N. MIAMI AVENUE MIAMI FL 33150-3507

FILED Jan 27 1997 8:00am Secretary of State



	-										
							3. Date Incorporated or Qualified 11/22/1974	3a. Date of 05/01/1	a. Date of Last Report 05/01/1996		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Api	plied For	
21		26					59-1560645		No	t Applicable	
Suite Apt. # etc			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22									Fee Re	quired	
City & State			City & State				6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution		Added to		
Ζιρ	Country	- H	Zip	30	ountry	,	8. This corporation has liability fo	r intangible tax u □ Yes □ No		199.032,	
24	25 29 29 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
						81 Name					
FUSINSKI, BOBBI					or rando						
5041 SW 29 WAY					82 Street Address (P.O. Box Number is Not Acceptable)						
7325 N MIAMI AVE MIAMI FL 33312					63						
MIA	WI FL 33312				~						
					84	City		FL 65	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statute	as, the	abov	e-named co	orporation submits this statement for the	purpose of char	nging its	s registered	
office or r agent. I a	egistered agont, or both, in the Staten familiar with, and accept the oblig	e of Florida jations of,	з. Such change was a Section 607.0505, Flo	iuthoriz irida St	zed by tatute	y the corpo s.	ration's board of directors. I hereby according	opt the appointm	ient as i	registered	
SIGNATURE	Signation hypodior printer, make of registered as	son) most litte et	agration (NOTE	E. Romete	arod Ag	an' signatura sa	quired when reinstating)	DATE			
12.	OFFICERS AT			13		on organization	ADDITIONS/CHANGES TO OFF		ECTOR	S IN 12	
TITLE	PD		DELETE	1.1	TITLE				Change	Addition	
NAME	fusinski, Bobbi			1.2	NAME						
STREET ADDRESS	7325 N. MIAMI AVENUE			1.3	STAEET	T ADDRESS					
CITY-S1-ZIP	miami fl			1.4	CITY-S	ST-ZIP					
TITLE			DELETE		TITLE				Change	Addition	
NAME				2.2	NAME						
STREET ADDRESS				2.3	STREE	T ADDRESS	•				
CiTY-ST ZIF				2.4	4 CITY -	ST-ZIP					
TITLE			DELETE	3.1	TITLE				Change	Addition	
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREE	T ADDRESS					
CITY-ST-ZIF				3.4	1. CITY-	ST - ZIP					
TITLE			DELETE	4.1	TITLE				Change	Addition	
NAME				4.3	2 NAME						
STREET ADDRESS				4.3	3 STREE	T ADDRESS	•			\	
C(TY - ST - ZIF)				4.4	CITY-	ST-ZIP					
TITLE			☐ DELETE	5.1	1 TITLE				Change	Addition	
NAME				5.2	2 NAME	ļ				ļ	
STREET ADDRESS				53	3 STREE	T ADDRESS					
CITY - ST - ZIF				54	CITY-	ST-ZIP					
TUTLE	777734		DELETE	61	TITLE				Change	Addition	
NAME				62	2 NAME		•				
STREET ADDRESS				63	3 STREE	T ADDRESS					
CHTY-ST-ZIF				6.4	4 CITY -	ST-ZIP					

14. I do 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 exportation 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 hanges on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylims Phone

Da