


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

FILED
Feb 17 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 # **468646** (5)
1. Corporation Name
MACPINE, INC.



Principal Place of Business 147 AVE A, NW PO BOX 2796 WINTER HAVEN FL 33883 US	Mailing Address 147 AVE A, NW PO BOX 2796 WINTER HAVEN FL 33883 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 139 Ave. C S.W. Suite, Apt. #, etc. 22 Winter Haven City & State 23 Winter Haven Zip 24 33880 Country 25 US		2a. Mailing Address 26 P.O. Box 2796 Suite, Apt. #, etc. 27 City & State 28 Winter Haven Zip 29 33883 Country 30 US		3. Date Incorporated or Qualified 01/28/1975	4. FEI Number 59-1573294 Applied For Not Applicable
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		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 WHEELER, IRVING W 147 AVE A, NW WINTER HAVEN FL 33880				10. Name and Address of New Registered Agent 81 Name Irving W. Wheeler 82 Street Address (P.O. Box Number is Not Acceptable) 139 Ave. C S.W. 83 84 City Winter Haven FL 85 Zip Code 33880			
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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

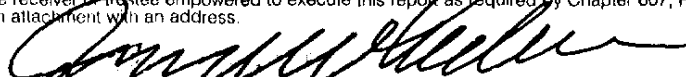
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES MARK WHEELER			1.2 NAME			
STREET ADDRESS	1950 N. LAKE ELOISE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELER, IRVING W.			2.2 NAME			
STREET ADDRESS	1950 N. LAKE ELOISE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 0			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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:



(941) 294-7461

CR2E034 (10/97)