FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPUR
1996

DOCUM 1. Corporation N	ENT # 51548	36 (9)							
MAC-EL	L, INC.								
Principal Place o	f Business	Mailing Address				-{		IBR DIDIL BIDA	
2716 RIVERVI MELBOURNE		2716 RIVERVIEW DF MELBOURNE FL 329							
						3. Date Incorporated or Qualified 09/30/1976	1	e of Last Re 03/28/19	•
2. Principal Plac	e of Business	2a. Mailing Address 26				4. FEI Number 59-1823490			Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Ziρ	Country	Zip	Coun	try		8. This corporation has liability for Florida Statutes	intangible t	ax under s	199.032,
14	25 Name and Address of Curre	29 ent Registered Agent	1301			10. Name and Address of New F		Agent	
				B1	Name				
ARNO, ANDREW P.				82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
115 HIC	Kory St., Suite 202	•		83					
MELBOL	JRNE FL 32904								- O- d-
				84	City	ation submits this statement for the pu of directors. I hereby accept the app	FL	_	p Code
SIGNATURE.	Signature, typed or printed name of rug stered egent and title if applicable (NOI			Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
TITLE	PD	DELETE	1.1 10	LE				Change	Addition
NAME	MACINTYRE, ELIZABETH		1.2 NA						
STREET ADDRESS	2716 RIVERVIEW DRIVE				ADDRESS				
CITY-ST-ZIP	MELBOURNE FL	☐ DELETE	1.4 CIT 2 1 TIT		1- /IP			Change	Addition
TITLE NAME	VD Bradley, Tim	L. Detter	2 2 NA						
STREET ADDRESS	721 MERCURY AVENUE	¥3	2381	REE 1	ADDRESS				
CITY-ST-ZIP	PALM BAY FL		2.4 CIT	Y - S	1 - ZIP				
TITLE		DELETE	3. 1 TI	TLE				☐ Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS					r address				
CITY-ST-7IP		ED NELFIC	34 CH		II-ZIP			[] Change	Addition
TITLE		DECETE	4. 1 TI					Unange	L. AUUILIAN
NAME			4.2 NA		I ADDDECC				
STREET ADDRESS					F ADDRESS				
CITY-S1-ZIP TITLE		DELETE	5 1 Ti		ST-ZIP			Change	Addition
NAME		<u> </u>	52 NA						
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	6. 1 TI	-				Change	☐ Addition
NAME			6.2 N/	ME					
STREET ADDRESS			63 ST	TREE:	T ADDRESS				
			640	TV 9	ST_7IP				

64 GRY-ST-ZIP

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)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE LIMITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR