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

PROFIT CORPORATION **ANNUAL REPORT**

1997

MAC-ELL, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secrotary of State DIVISION OF CORPORATIONS

DOCUMENT # 515486

(9)

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address		I HOBERT BHED HIDD DINN BESCH HORFD ONLI DIDIN BECH ONDE DIDIN DIGHT CIRTE HODA	
2716 RIVERIVIEW DRIVE MELBOURNE FL 32001		2716 RIVERVIEW DRIVE			
MELBOURNE P	F 35401	MELBOURNE FL 32901-7354	•		'
				3. Date Incorporated or Qualified 09/30/1976	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1823490	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		. Fire 0	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent
ARNO, ANDREW P.			81 Name		
	HICKORY ST., SUITE 202		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
MEL	BOURNE FL 32904		<u> </u>		
			83		
:			B4 City		■ 85 Zip Code
44 Ourovest	to the provisions of Captions CO7 OLO	0 200 200 4000 Fig. da Oct. 1			FL 183 Zip code
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was a ations of, Section 607.0505, Flo	us, the above-harried corpora authorized by the corpora orida Statules.	poration submits this statement for the pu tion's board of directors. I hereby accep	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age		L. Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TRLE		Change Addition
NAME	MACINTYRE, ELIZABETH		1.2 NAME		
STREET ADDRESS	2716 RIVERVIEW DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		14 CITY - ST - ZIP		
TITLE	VD	L_ DELETE	2 1 10 LE		Change Addition
NAME	BRADLEY, TIM 721 MERCURY AVENUE #3		22 NAME		
STREET ADDRESS	PALM BAY FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TACH ON IC	DELETE	2 4 CHY-ST-ZIP 31 THE		· Change Addition
NAME		TT better	3 2 NAME		El outrido El vanitati
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4,4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	5.4 C(1Y-S1-7)P		T Observe T Latinia
TITLE		☐ DELETE	61 HILE		☐ Change ☐ Addition
NAME CTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6,3 STREET ADDRESS		
CITY-ST-ZIP			6,4 CHY-ST-ZIP		

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name