

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 # 619010

(2)

1. Corporation Name

THE MACK COMPANY OF FLORIDA

Principal Place of Business

501 EAST KENNEDY BLVD.
C/O J. BOB HUMPHRIES, ESQ PO BOX 1438
TAMPA FL 33602-5200

Mailing Address

501 EAST KENNEDY BLVD.
C/O J. BOB HUMPHRIES, ESQ PO BOX 1438
TAMPA FL 33602-5200

FILED

97 APR 30 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/25/1979		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1900365		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24		25		29		30	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<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			
CUSACK, JAMES J 100 N. TAMPA STREET SUITE 3100 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP			1.1 TITLE			
NAME	MACK, WILLIAM L			1.2 NAME			
STREET ADDRESS	370 W PASSAIC ST			1.3 STREET ADDRESS			
CITY- ST- ZIP	ROCHELLE PK NJ			1.4 CITY- ST- ZIP			
TITLE	DVST	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	MACK, EARLE I			2.2 NAME			
STREET ADDRESS	370 W PASSAIC ST.			2.3 STREET ADDRESS			
CITY- ST- ZIP	ROCHELLE PK NJ			2.4 CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, DAVID			3.2 NAME			
STREET ADDRESS	370 W PASSAIC ST			3.3 STREET ADDRESS			
CITY- ST- ZIP	ROCHELLE PK NJ			3.4 CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACK, FREDERIC			4.2 NAME			
STREET ADDRESS	370 W PASSAIC ST			4.3 STREET ADDRESS			
CITY- ST- ZIP	ROCHELLE PK NJ			4.4 CITY- ST- ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUSACK, JAMES J ASST			5.2 NAME			
STREET ADDRESS	100 N. TAMPA STREET, STE. 3100			5.3 STREET ADDRESS	501 E. Kennedy Blvd.		
CITY- ST- ZIP	TAMPA FL			5.4 CITY- ST- ZIP	Tampa, FL 33602		
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Bob Humphries, Asst Agent for James J. Cusack, Asst Sec

Date

Daytime Phone

4/29/97

(813) 222-1278

CR2E034 (9/96)