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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F9700000335 (6)

MACTIVE, INC.

## FILED Apr 01 1998 8:00am Secretary of State

******	<b>72, 110.</b>			1 1561 1560 1661 1661 1661 1661 1661	11 M 2014 24 M 4 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
Principal Plac	e of Business	Mailing Address		-{	40ftl 1040 06tt 96t04 11106 1118) 01tt 1061
2475 JEN DR., UNIT 2		2475 JEN DR., UNIT 2			
		MELBOURNE FL 32940		DO NOT WRITI	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				01/21/1997	
7761	lace of Business	2a. Mailing Address	11 1	4. FEI Number	Applied For
21 751	North Drive		th Drive	52-2006037	Not Applicable
Suite, Apt.	ite 1	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 M حـال	bourne, FL	City & State  Melbouri	ne. FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	29 32934 3	Country	8. This corporation owes or has p	aid the current year Intangible
24 329		29 22934 3	0	Personal Property Tax due Juni	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AULIN, GORAN				na Persson	
2475 JEN DR., UNIT 2			82   Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32940			83	<u>4 Majorca Cou</u>	
			93	•	
			84 CitSat	11:1 72.3.15	FL 85 70 C00 37
44 Durayant	to the provisions of Sections 607.0502	and CO7 1509 Florida Clatutor			
office or i	registered agent, or path, in the State or im familiar with any procept the obligat	of Florida. Such change was au	thorized by the corporat	ion's board of directors. I hereby acce	ept the appointment as registered
	im familiar with any lacept the obligat	ions of, Section 607.0505, Hori	Maragex	_	3/10/98
SIGNATURE	Stort we, typed or printed name of registered agent	and tile diapplicable (NO16	Registered Agely signature requir	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	CPT	DELETE	1.1 TITLE		Change Addition
NAME	AULIN, GORAN		1.2 NAME		İ
STREET ADDRESS	2475 JEN DR., UNIT 2		1.3 STREET ADORESS		
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	Fahlvik, Hans-Anders		2.2 NAME		1
STREET ADDRESS	GARNISONSGATAN 10, S-254	66	2.3 STREET ADDRESS		
CITY-ST-ZIP	HELSINGBORG, SWEDEN	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		Change Addition
NAME	HANNA, RAY L	- LEU AVE	3.2 NAME		
STREET ADDRESS	1000 THOMAS JEFFERSON S	1. NW, STE. 305	3.3 STREET ADORESS		
CITY-ST-ZIP	WASHINGTON DC 20007	DE DELETE	3.4. CITY-ST-ZIP		Change Hazare
TITLE	V ISODOT IOUNI	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERBST, JOHN		4 2 NAME		
STREET ADDRESS	772 LAKE DR.		4.3 STREET ADDRESS		<b>\</b>
CITY-ST-ZIP	MELBOURNE FL 32940 V	<b>▼</b> DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME	ROSSLER, SCOTT E	ZN DECEM	5.1 TITLE 5.2 NAME		C Comingo C Madellori
STREET ADDRESS :	865 SPANISH WELLS DR.		5.2 NAME 5.3 STREET ADDRESS		
i	MELBOURNE FL 32940				
_CITY-ST-ZIP TITLE	MCLOOUTINE PL 32840	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		La vecet	6.2 NAME		Charles Francisco
STREET ADDRESS			6.3 STREET ADDRESS		\
CITY - ST - ZIP	<u></u>		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 13 if made or on an attachment with an address.

SIGNATURE

farna Ray I. Hanna

3/10/38

(202) 296 - 7666