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 #

(7)

FEMAC CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



C/O FRANK E. MACAULEY SOI CRYSTAL DRIVE MADEIRA BCH. FL 33708		P.O. BOX 8926 MADEIRA BEACH FL 33738-8926 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1983				
<u> </u>	Place of Business	2a. Mailing Address		4, FEI Number App		opplied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2311771		lot Applicable		
22		27	h		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State	28		6, Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	•	8. This corporation owes or has paid the o		~	
24 25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No				
М	CAULEY, FRANK E.		81	Name		- ~go		
501 CRYSTAL DRIVE				90 December 100 December 1				
MADEIRA BCH. FL 33708			82	Street	treet Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City	F	85 Zip	Code	
11, Pursuant office or r agent I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	12 and 607.1508, Florida Statules of Florida. Such change was au ations of, Section 607.0505, Flor	s, the above thorized by ida Statutes	e-named the cor	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing i	its registered s registered	
SIGNATURE								
12.	Signature, typed or printed name of registered agr	not and title if applicable (NOTE D DIRECTORS	_	mt signaturi	e required when reinstating) DATE	ID DIDEOTO	70.01.10	
TITLE	DP OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AI	Change		
NAME	MACAULEY, FRANK E.		1.2 NAME		Director, Secretary,			
STREET ADDRESS	501 CRYSTAL DR		1.3 STREET	ADORESS	Treasurer			
CITY - ST - ZIP	MADEIRA, FL 00000		1.4 CITY-S	T-ZIP				
TITLE	VPD	DELETE	2.1 TITLE		Fresident, Director	Change	☐ Addition	
NAME	MACAULEY, GEORGE T.		2.2 NAME		_			
STREET ADDRESS	IALE MARKAGE MA		2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		- 		
TITLE	S MCORE CHENNIE	DELETE	3.1 TITLE		Vice President	Change Change	Addition	
NAME STREET ADDRESS	JACOBS, CHERYL E. 501 CRYSTAL DRIVE		3.2 NAME	ADDESSE	1			
CITY-ST-ZIP	MADEIRA BEACH FL		3.3 STREET					
TITLE			3.4. CITY - 5 4.1 TITLE	יייי בור		Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			44 CITY-S	T-20P				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CITY - S	T-ZIP			Alauma.	
TITLE NAME		בן טכננונ	6.1 TITLE			Change	☐ Addition	
STREET ADDRESS			62 NAME	*DDDCCC				
CITY-ST-ZIP			63 STREET					
M11-21-787			6.4 CITY+S	I - ZIP	<u> </u>			

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 the attachment with an address.

SIGNATURE:

Frank E. Macauley 4/22/98