

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G66416** (0)

1. Corporation Name

ED MAC DOUGALL, INC.



Principal Place of Business

Mailing Address

**17982 S.W. 97TH AVE
MIAMI FL 33157**

**17982 S.W. 97TH AVE
MIAMI FL 33157**

3. Date Incorporated or Qualified

10/26/1983

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 8900 Sw 117 Ave

26 8900 Sw 117 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C-103

27 C-103

City & State

City & State

23 MIA, FL

28 MIA, FL

Zip

Country

Zip

Country

24 33186

25 USA

29 33186

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAC DOUGALL, EDWARD P.
17982 S.W. 97TH AVE
MIAMI FL 33157**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8900 Sw 117 Ave

83 C-103

84 MIA, FL.

FL

85 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVTS
MAC DOUGALL, EDWARD P.
17982 SW 97TH AVE.
MIAMI, FL 00000**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**8900 Sw 117 Ave C-103
MIAMI, FL. 33186**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 or Block 13, and that I am in attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

**305
271-9800**

CR2E034 (12/95)