

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

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G66416** (0)
1. Corporation Name
ED MAC DOUGALL, INC.

Principal Place of Business 8900 S.W. 117TH AVENUE C-103 MIAMI FL 33186 US	Mailing Address 8900 S.W. 117TH AVENUE C-103 MIAMI FL 33186 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18320 SW 97 Ave Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip 24 33157 Country 25 US		2a. Mailing Address 26 18320 SW 97 Ave Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33157 Country 30 US		3. Date Incorporated or Qualified 10/26/1983	4. FEI Number 65-0112374 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**MAC DOUGALL, EDWARD P.
8900 S.W. 117TH AVENUE
C-103
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

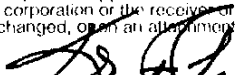
(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC DOUGALL, EDWARD P.	1.2 NAME	
STREET ADDRESS	8900 S.W. 117TH AVENUE, C-103	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DIR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTIN FULLANA	2.2 NAME	
STREET ADDRESS	18320 SW 97 Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	2.4 CITY-ST-ZIP	
TITLE	DIR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MACDOUGALL	3.2 NAME	
STREET ADDRESS	18320 SW 97 Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 in an attachment with an address.

SIGNATURE



Kristin Fullana

7/17/98

25259-2823

CR2E034 (10/97)