


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90229 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G66416					
1. Corporation Name ED MAC DOUGALL, INC.					
Principal Place of Business 18320 S.W. 97 AVE. C-103 MIAMI FL 33157 US			Mailing Address 18320 S.W. 97 AVE. C-103 MIAMI FL 33157 US		
2. Principal Place of Business 21 18320 S.W. 97 AVENUE		2a. Mailing Address 26 18320 S.W. 97 AVENUE		3. Date Incorporated or Qualified 10/26/1983	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0112374	
City & State 23 MIAMI FL		City & State 28 MIAMI FL		Applied For Not Applicable	
Zip 24 33157		Zip 29 33157		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 US		Country 30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MAC DOUGALL, EDWARD P. 8900 S.W. 117TH AVENUE C-103 MIAMI FL 33186				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				81 Name	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MAC DOUGALL, EDWARD P.				1.2 NAME PTSD	
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 <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D				2.2 NAME	
STREET ADDRESS FULLAN, KRISTIN A				2.3 STREET ADDRESS	
CITY-ST-ZIP 18320 S.W. 97 AVE.				2.4 CITY-ST-ZIP	
CITY-ST-ZIP MIAMI FL 33157					
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D				3.2 NAME	
STREET ADDRESS MACDOUGALL, ROBERT				3.3 STREET ADDRESS	
CITY-ST-ZIP 18320 S.W. 97 AVE.				3.4 CITY-ST-ZIP	
CITY-ST-ZIP MIAMI FL 33157					
TITLE <input type="checkbox"/> DELETE				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 <input type="checkbox"/> DELETE				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 <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 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, with all other like empowered.

SIGNATURE: EDWARD P. MAC DOUGALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 305-252-1873
Date Daytime Phone #

CR2E034 (11/98)

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