

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 11 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G84494 (5)  
1. Corporation Name  
MACEDONIA, INC.



Principal Place of Business  
4389 N. ANDREWS AVE  
FT LAUDERDALE FL 33309

Mailing Address  
4389 N. ANDREWS AVE  
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1984		3a. Date of Last Report 03/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2379777		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	6. 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

ANTONARAS, PETER  
3010 NE 55TH PL  
FT. LAUDERDALE FL 33308

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 *Peter Antonaras* DATE 8/7/97  
Signature of the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONARAS, PETER	1.2 NAME	531 N. OCEAN BLVD - #905
STREET ADDRESS	3010 N.E. 55TH PL.	1.3 STREET ADDRESS	POMEROY ACH FL. 33062
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONARAS, SOTIRIA-ROULA	2.2 NAME	BAROGIANNIS, MICHAEL
STREET ADDRESS	3010 N.E. 55TH PL.	2.3 STREET ADDRESS	414 S. 57 WAY
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL. 33023
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONARAS, JOHN	3.2 NAME	
STREET ADDRESS	3010 N.E. 55TH PLACE	3.3 STREET ADDRESS	700002268677--1
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	-08/15/97--01089--011
TITLE		4.1 TITLE	****165.00 ****165.00
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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.

PETER ANTONARAS

CR2E034 (4/97)

MACEDONIA, INC.  
4389 N. Andrews Avenue  
Ft. Lauderdale, Fl. 33309

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July 22, 1997

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O.Box 6327  
Tallahassee, Fl. 32314

Re: Corporate Annual Report

Gentlemen:

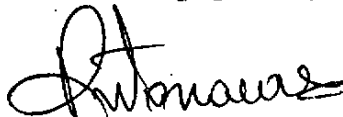
Enclosed is my check in the amount of \$165.00 in payment  
for my Annual Corporate Report.

Please waive the penalty as this is the only notice I have  
received. I never received the first mailing in January.

Apparently your first notice was lost in the mail, as it was  
never delivered to me.

Please acknowledge.

Sincerely yours,



Peter Antonaras