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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Murphree Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J61590 (2)

1. Corporation Name

MACRE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% ROBERT E. GERHARDT 1735 PALMLAND DRIVE BOYNTON BEACH FL 33436	% ROBERT E. GERHARDT 1735 PALMLAND DRIVE BOYNTON BEACH FL 33436

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc	Suite Apt. # etc
22	27
City & State	City & State
23	28
Zip	Zip
24	29
County	County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2800560	Applied For ☐ Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes	
☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**GERHARDT, ROBERT E.
1735 PALMLAND DRIVE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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: _____ **12/21 Registered Agent Signature (must appear in bold)** _____ **(Name)** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GERHARDT, ROBERT E.	1.2 NAME	
STREET ADDRESS	1735 PALMLAND DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(B), 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, changed or on an addendum with an address.

SIGNATURE: *Robert E. Gerhardt, Pres.* **Robert E. Gerhardt, Pres.** **4/20/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR