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

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J61590

MACRE ASSOCIATES, INC.

Principal Place of Business Mailing Address % ROBERT E. GERHARDT % ROBERT E. GERHARDT 1735 PALMLAND ORIVE 1735 PALMLAND DRIVE **BOYNTON BEACH FL 33436** BOYNTON BEACH FL 33436-6047 3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1987 05/01/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2800560 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GERHARDT, ROBERT E. 1735 PALMLAND DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 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 signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ___ Change ___ Addition GERHARDT, ROBERT E. 1.2 NAME 1735 PALMLAND DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 THILE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. C(TY - ST - Z(P DELETE ☐ Change TITLE 4.1 THLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THLE ☐ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY+S1+7IP

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 it changed, or or an attaying only with an agoress. 4/22 62

FILED

Apr 29 1997 8:00am

Secretary of State