

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90020 031 \*\*\*150.00

DOCUMENT # J61590

1. Corporation Name  
MACRE ASSOCIATES, INC.

Principal Place of Business

% ROBERT E. GERHARDT  
1735 PALMLAND DRIVE  
BOYNTON BEACH FL 33436

Mailing Address

% ROBERT E. GERHARDT  
1735 PALMLAND DRIVE  
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1987

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 % Robert E. Gerhardt  
Suite, Apt. #, etc.

22 4745 Nolina Lane

23 Boynton Beach, FL.

24 33436

25 PalmBch

2a. Mailing Address

26 % Robert E. Gerhardt  
Suite, Apt. #, etc.

27 4745 Nolina Lane

28 Boynton Beach, FL.

29 33436

30 PalmBch

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 Gerhardt, Robert E.

82 Street Address (P.O. Box Number is Not Acceptable)  
4745 Nolina Lane

83

84 City Boynton Beach FL 85 Zip Code 33436

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.

Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GERHARDT, ROBERT E.  
STREET ADDRESS 1735 PALMLAND DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Gerhardt, Robert E.  
1.3 STREET ADDRESS 4745 Nolina Lane  
1.4 CITY-ST-ZIP Boynton Beach, FL. 33436

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

561-364-1994

Daytime Phone #

CR2E034 (11/98)