

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J68578** (0)
1. Corporation Name
MACEDONIA ENTERPRISES, INC.

Principal Place of Business 1500 S DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	Mailing Address 1500 S DIXIE FREEWAY NEW SMYRNA BEACH FL 32168-7807
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1987	3a. Date of Last Report 06/13/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2792505		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	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LIVINGSTON, DOUG 4762 LACKAWANNA CT JACKSONVILLE FL		10. Name and Address of New Registered Agent	
		81 Name LIVINGSTON, Willie M.	
		82 Street Address (P.O. Box Number is Not Acceptable) 4762 LACKAWANNA CT.	
		83	
		84 City JACKSONVILLE	85 Zip Code FL 32257

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE: *Willie M. Livingston* DATE: **3-22-97**
Sign here, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD MCREE, JAMES L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCREE, JAMES L.	1.2 NAME	LIVINGSTON, Willie M.
STREET ADDRESS	2232 ORANGE TREE	1.3 STREET ADDRESS	4762 LACKAWANNA CT.
CITY-STATE-ZIP	EDGEWATER FL	1.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32257
TITLE	Pres <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, DOUG	2.2 NAME	MCREE, ROBIN
STREET ADDRESS	4762 LACKAWANNA CT	2.3 STREET ADDRESS	2232 ORANGE TREE
CITY-STATE-ZIP	JAX, FL. 32257	2.4 CITY-STATE-ZIP	EDGEWATER, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: *Willie M. Livingston* DATE: **3-22-97** 904 886-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)