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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # K53866 (5)

1. Corporation Name
FOJODAMAC, INC.

Principal Place of Business
1804 S. OCEAN DR.
FT. PIERCE FL 34949

Mailing Address
1804 S. OCEAN DR.
FT. PIERCE FL 34949



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1988

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2924902	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

MASCIOLI, F.A.
1804 S. OCEAN DR.
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name
E.A. MASCIOLI
82 Street Address (P.O. Box Number is Not Acceptable)
1804 S. OCEAN DR.
83 FT. PIERCE
84 City
FL 85 Zip Code
34949

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, 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)

DATE

2-2-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MAC MASCIOLI, I.A.	1.2 NAME	
STREET ADDRESS	1804 S. OCEAN DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	DANNAHOWER, WILLIAM R.	2.2 NAME	
STREET ADDRESS	809 S. INDIAN RIVER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	ALLEN, JOANNE	3.2 NAME	
STREET ADDRESS	2601 N INDIAN RIVER DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	FOGAL, CHRIS	4.2 NAME	
STREET ADDRESS	502 N.W. KILPATRICK AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PT. ST. LUCIE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0493605

CR2E034 (10/97)