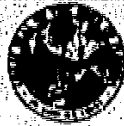


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:13

DOCUMENT # K85344

(5)

1. Corporation Name

MACEDON CORPORATION

Principal Place of Business

**2725 PARK DRIVE
SUITE 3
CLEARWATER FL 34623-1023
US**

Mailing Address

**2725 PARK DRIVE
STE 3
CLEARWATER FL 34623
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1989

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2851759

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 G. 109.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FREE, LEBRON
PARK PROFESSIONAL CENTER
2725 PARK DRIVE, STE 3
CLEARWATER FL 34623**

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **NITSOPOULOS, SAM**
STREET ADDRESS **395 DUNLOP STREET WEST**
CITY - ST - ZIP **ONTARIO, CANADA**

TITLE **VPD**
NAME **ALOISSIS, PETER**
STREET ADDRESS **1565 BACHELOR DR.**
CITY - ST - ZIP **DUNEDIN FL**

TITLE **SD**
NAME **KARAMBATOS, ANGELO**
STREET ADDRESS **234 HOOD RD.**
CITY - ST - ZIP **ONTARIO, CANADA**

TITLE **TD**
NAME **ALOISSIS, PETER**
STREET ADDRESS **1565 BACHELOR DR.**
CITY - ST - ZIP **DUNEDIN FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Sam Nitsopoulos, President** **4/6/95** **(813) 799-2136**

SIGNATURE AND EITHER TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

City/State/Zip