

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K85344** (5)
1. Corporation Name
MACEDON CORPORATION



Principal Place of Business 2725 PARK DRIVE SUITE 3 CLEARWATER FL 33763-1023 US	Mailing Address 2725 PARK DRIVE SUITE 3 CLEARWATER FL 33763-1023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33763-1023 Country FL		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33763-1023 Country FL		3. Date Incorporated or Qualified 05/03/1989	
4. FEI Number 59-2951759		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FREE, LEBRON 2725 PARK DRIVE, SUITE 3 CLEARWATER FL 33763 - 1023				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 33763-1023	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	NITSPOPOULOS, SAM	2971 CIELO CIRCLE NORTH CLEARWATER FL 34619		DIR	MIKE KARAMBATOS	34 ARKNOA DR. SCARBOROUGH, ONTARIO, CA M1T 1X3
	VPD	ALOISSIS, PETER	1565 BACHELOR DR. DUNEDIN FL 34698		DIR	JIM KARAMBATOS	34 ARKNOA DR. SCARBOROUGH, ONTARIO, CA M1T 1X3
	SD	KARAMBATOS, ANGELO	34 ARKNOA DRIVE SCARBOROUGH ON M1T-1X3		DIR	MINE ALOISSIS	1565 BACHELOR DR. DUNEDIN, FL 34698
	TD	ALOISSIS, PETER	1565 BACHELOR DR. DUNEDIN FL 34698		DIR	TOM ALOISSIS	1565 BACHELOR DR. DUNEDIN, FL 34698
	DIR	CHRIS NITSPOPOULOS	2971 CIELO CIR. N. CLEARWATER FL 34619		DIR	MIKE KARAMBATOS	34 ARKNOA DR. SCARBOROUGH, ONTARIO, CA M1T 1X3
	DIR	LOUIS NITSPOPOULOS	2971 CIELO CIR. N. CLEARWATER FL 34619		DIR	JIM KARAMBATOS	34 ARKNOA DR. SCARBOROUGH, ONTARIO, CA M1T 1X3

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]* RAES

2-10-98

CR2E034 (10/97)