## 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

## DOCUMENT # K89166

1. Corporation Name

MAC'S GARDEN OF EDEN, INC.

Principal Place of Business	3
%EULA C. MCGIRT	

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90050 010 \*\*\*150.00



	<del></del>					AND IL DEBLE BUBIL	- Office from the s	
Principal Place	I Place of Business Mailing Address							
%EULA C. MCG		3317 S. DIXIE HWY						
	7 S. DIXIE HIGHWAY DELRAY BEACH FL 33483			DO NOT WRITE IN THIS SPACE				
DELRAY BEACH	1 FL 33403-3234	US			3. Date incorporated or Qualifed 05/18/1989	- OI AOL		]
2 Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number	Δ	polied For	1
z. morpari	lace of Edamess	<u>├</u> ¬			65-0131138		lot Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.					Additional	1===
22	#, 6to.	27			5. Certificate of Status Desired	Fee R	Required	
City & State	e <u>,</u>	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees	-
Zip	Country	<b>⊢</b> ⊸ '	country		8. This corporation owes the current year In	_	<b>—</b> —	
24	25	29 30			Personal Property Tax.	Yes	□No	1
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Registered	Agent		4
MCG	NRT, STEVE		81	Name				
3317	S. DIXIE HIGHWAY		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	·		
DELF	RAY BEACH FL 33483		83					
			84	City	FL	• L. l	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was authoriz	zed by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its ntment as re	₃ registered ∍gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Registe	red Ager	nt signature require	d when reinstating) DATE			_
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	ORS IN 12	32F034 (11/98)
TITLE	P		1 TITLE			Change		1 =
NAME	MCGIRT, STEVE	1:	2 NAME					4
STREET ADDRESS	3317 S. DIXIE HWY			ADDRESS			ļ	( 8
	DELRAY BEACH FL 33483							5
TITLE	VP		CITY-S	1-219		Change	Addition	1 5
	<u>                                   </u>	<del>_</del>		Ì				1
NAME	JOHNSON, WAYNE		2 NAME					==
STREET ADDRESS	*3317-S-DIXIE HWY			ADDRESS -				1
CITY-ST-ZIP	DELRAY BEACH FL 33483		4 CITY-S	T- ZIP		Change	Addition	}
TITLE			TITLE	-		Charage.		1
NAME			2 NAME					1
STREET ADDRESS		3.3	3 STREET	ADDRESS				ļ
CITY-ST-ZIP			4. CITY-S	T-21P				1
TITLE		☐ DELETE 4.1	TITLE	f		Change	☐ Addition	
NAME		4.	2 NAME	Ì				Ì
STREET ADDRESS		4.3	STREET	ADDRESS		•		
CITY-ST-ZIP		4.4	4 CITY-S	T-ZIP			·	}
TITLE		☐ DELETE 5.1	TITLE			Change	☐ Addition	
NAME		. 5.3	2 NAME	}				
STREET ADDRESS		5.3	STREET	ADDRESS				
CITY-ST-ZIP		5.4	CITY-S	r-zip				(
TITLE		DELETE 6:	TITLE			Change	☐ Addition	}
NAME			2 NAME					
STREET ADDRESS	, '	6.3	STREET	FADORESS			'	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

