

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUN 14 11 029

DOCUMENT # L28660

(3)

1. Corporation Name

THE MACK GROUP, INC.

Principal Place of Business

Mailing Address

4400 INVERRARY BLVD., SUITE 200
LAUDERHILL FL 33319

4400 INVERRARY BLVD., SUITE 200
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1989

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

65-0158309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for a taxable tax under s. 185.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

WERKSMAN, ALAN J
160 SW 12TH AVE., #109
DEERFIELD BEACH FL 33442

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION FOR THE REGISTERED AGENT

TITLE	P
NAME	MACK, JACQUELINE
STREET ADDRESS	4400 INVERRARY BLVD.
CITY ST ZIP	LAUDERHILL FL 33319
TITLE	V
NAME	PURE, ROBERT H
STREET ADDRESS	4400 INVERRARY BLVD.
CITY ST ZIP	LAUDERHILL FL 33319
TITLE	STV
NAME	MACK, JAY
STREET ADDRESS	4400 INVERRARY BLVD.
CITY ST ZIP	LAUDERHILL FL 33319
TITLE	V
NAME	MACK, PAUL
STREET ADDRESS	4400 INVERRARY BLVD.
CITY ST ZIP	LAUDERHILL FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY MACK

6/6/95

305-242-3130

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**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L30402

(6)

1. Corporation Name

PRIVATE AFFAIRS, INC.

Principal Place of Business

**C/O RAYMOND ZAGER
37 VILLAGE WALK DRIVE
PONTE VERDE BCH FL 32082**

Mailing Address

**C/O RAYMOND ZAGER
37 VILLAGE WALK DRIVE
PONTE VERDE BCH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1989

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2983873

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**

7. This corporation has liability for intangible tax under s. 190.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

Country

30

8. Name and Address of Current Registered Agent

**MILNE, DOUGLAS J.
4595 LEXINGTON AVENUE
SUITE 100
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

B1 Name

MADALYN ZAGER

B2 Street Address (P.O. Box Number is Not Acceptable)

37 VILLAGE WALK DR

B3

B4 City

PONTE VEDRA BCH FL

B5 Zip Code

32082

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

MADALYN ZAGER

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Madalyn Zager 6/8/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DPT
ZAGER, RAYMOND
37 VILLAGE WALK DRIVE
PONTE VEDRA BCH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

**DS
MADALYN ZAGER
37 VILLAGE WALK DR
PONTE VEDRA BCH FL 32082**

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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 contained 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 unchanged, or on an addition with an address.

SIGNATURE:

Raymond Zager, Pres RAYMOND ZAGER

DATE

6/9/95

**904
285-7030**