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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L28660

(3)

THE MACK GROUP, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

4400 INVERRARY BLVD.. SUITE 200 LAUDERHILL FL 33319 4400 INVERRARY BLVD., SUITE 200 LAUDERHILL FL 33319-4198

FILED Jan 29 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified	Tee Date	(L = - 1 D	
EFFECTIVE 3-1-97 \$ 2. Principal Place of Business 2a. Mailing Address 2a. Mailing Ad					11/07/1989 04/15/1996			
2. Principat Pl	lace of Business	2a. Mailing Address	- 121	16.7	4. FEI Number			plied For
11700	CORP. BLYD NW	26 1900 CORPORE	978 ISAY	D N.W.	65-0158309			t Applicable
	110 WEST BLdg.	Suite, Apt. #, etc. 27 ปับเ <i>Tะ</i> 110 ไป	EST B	ulping	5. Certificate of Status Desired			Additional equired
City & State	RATON, FL	28 BOCH RATOR		٤ '	Election Campaign Financing Trust Fund Contribution		\$5.00 bebbA	May Be to Fees
Ziρ 4 334	31 25 PAIM BEACH	Zip	Countr	Bench	8. This corporation has liability for in	ntangible tax Yes \ \ \		. 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Age	nt	
WEF	RKSMAN, ALAN J		81	Name				
160 SW 12TH AVE., #109 DEERFIELD BEACH FL 33442				Chast Address (D.O. Day Nambor in Not Associable)				
				Street Addre	ress (P.O. Box Number is Not Acceptable)			
	IN IEED BENOTITE GOTTE		83					
			ļ	0				
			84	City		FL 8	5 ZIP	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corp	oration submits this statement for the p	urpose of cha	anging it	s registered
office or re agent. Lai	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized b ida Statute	y the corporati s.	ion's board of directors. I hereby accep	ot the appoint	ment as	registered
SIGNATURE.	Signature Payed or printed name of registered agr	nt and title it appropable. (NOTE	Registered Aç	ent signature require	ed when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	☐ DELETE	1.1 TITLE	ŀ			Change	☐ Addition
NAME	MACK, JACQUELINE		1.2 NAME					
STREET ADDRESS	4400 INVERRARY BLVD.		1.3 STREE	T ADDRESS				
DITY-ST-7/P	LAUDERHILL FL 33319		1.4 CITY -	ST-ZIP			_	
2.71.7	A= 1						Change	Addition
TITLE	STV	DELETE	2.1 TITLE	1		L	Change	
NAME	STV MACK, JAY	[] DELETE	2.1 TITLE 2.2 NAME			LJ	CHAINGE	
ì	• • • • • • • • • • • • • • • • • • • •	[_] DELETE	2.2 NAME	T ADDRESS		L	Спанус	
NAME	MACK, JAY	[] DELETE	2.2 NAME			Ц	Change	
NAME STREET ADDRESS	MACK, JAY 4400 INVERRARY BLVD.	DELETE	2.2 NAME 2.3 STREE		,		Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	MACK, JAY 4400 INVERRARY BLVD.		2.2 NAME 2.3 STREE 2.4 CITY-					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MACK, JAY 4400 INVERRARY BLVD. LAUDERHILL FL 33319 V		2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME					Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MACK, JAY 4400 INVERRARY BLVD. LAUDERHILL FL 33319 V MACK, PAUL		2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP				Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACDRESS	MACK, JAY 4400 INVERRARY BLVD. LAUDERHILL FL 33319 V MACK, PAUL 4400 INVERRARY BLVD.		2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP		U		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACK, JAY 4400 INVERRARY BLVD. LAUDERHILL FL 33319 V MACK, PAUL 4400 INVERRARY BLVD.	DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ST-ZIP T ADDRESS ST-ZIP		U	Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	MACK, JAY 4400 INVERRARY BLVD. LAUDERHILL FL 33319 V MACK, PAUL 4400 INVERRARY BLVD.	DELETE DELETE	2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			Change Change	

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 perpendicular or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name