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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35675

(2)

FILED Apr 28 1997 8:00am Secretary of State

| MAC'S C<br>Principal Place<br>MAC'S DRY CL<br>M15 HOFFNER<br>ORLANDO FL 3<br>US  | EANER INC  | ino.   | 4415<br>C/O .              | ng Address<br>HOFFNER RD<br>JOHN M. BRINKER<br>NDO FL 32812-23 |   |  |   |                         |                              |   |
|--|--|--|----------------------------|--|---|--|---|-------------------------|------------------------------|---|
| Jo   |  |  | Uõ                         |  |   |  | <ol> <li>Date Incorporated or Qualified</li> <li>12/05/1989</li> </ol>  |                         | te of Last<br><b>)9/1996</b> |   |
| 2. Principal P   | DRYCL  | PANERS   | <b>}</b>                   | lailing Address  |   | TD20   | 4. FEI Number   |                         |                              | Applied For                             |
| Ц  |  |  | 20                         | MAC DRYC   | LLLAI   | VERS   | 59-2979529  | <del></del>             |                              | Not Applicable                          |
| Suite, Apl. <b>44</b>  |  | FNER RD.   | 27                         | uite, Apt. #, etc.<br>4415                                     | HOFF  | NER RD.  | 5. Certificate of Status Desired  |                         |                              | Additional<br>Required                  |
| City & State   | 0  | <del></del>  |                            | ity & State  |   |  | 6. Election Campaign Financing  | ,                       | \$5.0                        | May Be                                  |
| <del>-</del> 1   | LANDER   | FL.  | 28                         | ORLANDO  | ) <u>.</u> .  | L.   | Trust Fund Contribution   |                         |                              | to Fees                                 |
| <sup>Zip</sup> 32ℓ   | 812  | Country ORANGE   | 29                         | 32812  | 30  | ORANGE   | This corporation has liability for Florida Statutes   | r intangible<br>□ Yes □ |                              | s. 199.032,                             |
| 41   |  | Address of Curren  |                            | red Agent  | [30]  | <u> </u>   | 10. Name and Address of New R   |                         |                              |   |
| LASI   | HLEY, HAROLI   | D M.   |                            |  |   | 81 Name  |   |                         |                              |   |
|  | PIMLICO ST.  |  |                            |  |   | 82 Street Addr   | ress (P.O. Box Number is Not Accepta  | able)                   |                              |   |
| ORL  | ando FL 328  | 22   |                            |  |   | 83   |   |                         |                              |   |
|  |  |  |                            |  |   | 83   |   |                         |                              |   |
|  |  |  |                            |  |   | 84 City  |   | FL                      | 85 Zip                       | Code                                    |
| •<br>11 Present  | to the ritovisions   | of Sections 607 050  | 2 and 607.                 | .1508, Florida Sta   | tutes, the  | above-named corp   | poration submits this statement for the   |                         | changing                     | its registered                          |
| rer resource it  | to the broadants   |  |                            |  |   |  |   |                         | aintenant a                  | e registered                            |
| office or n  | egistered agent<br>m familiar with   | or both, in the State and accept the obliga  | of Florida<br>ations of, S | Such change wa<br>Section 607.0505,                            | is authori<br>Florida S   | izeo by the corporat<br>Statutes.  | tion's board of directors. I heraby accor-  | ebt tue sebb            | ONLIN LINGUIL S              | is tofisteren                           |
| SIĞNATURE  |  |  |                            |  | s authori<br>Florida S  | ized by the corporat<br>Statutes.  | poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors. | eptine app              | ONTHUMBINE 8                 | is tafilization                         |
| SIGNATURE  |  | inted name of registered age   | mtacki lide ifa            | pplicable (I   | VOTE Regist   | ered Agent signature requir  | red when reinstating)   | DATE                    |                              |   |
| SIĞNATURE<br>12.   |  |  | mtacki lide ifa            | pplicable (I   | NOTE: Regis   | tered Agent signature requir<br>3.   |   | DATE                    | DIRECTO                      | DRS IN 12                               |
| SIGNATURE  |  | inted name of registered agri<br>OFFICERS AND  | mtacki lide ifa            | pplicable (I   | NOTE: Regist  | ered Agent signature requir  | red when reinstating)   | DATE                    |                              | DRS IN 12                               |
| SIĞNATURE.<br><b>12.</b><br>Title  | Signature, by red or po<br>P<br>LASHLEY, M<br>2224 PIMLIC                      | OFFICERS AND  OFFICERS AND  OFFICERS OF AND  OFFICERS OFF | mtacki lide ifa            | pplicable (I   | NOTE: Regist  | tered Agent signature requir 3. 1 TITLE  | red when reinstating)   | DATE                    | DIRECTO                      | DRS IN 12                               |
| SIĞNATURE.<br>12.<br>TILE<br>NAME  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F                                    | OFFICERS AND  OFFICERS AND  OFFICERS OF AND  OFFICERS OFF | mtacki lide ifa            | pplicable (I   | NOTE: Regist  | tered Agent eignature requir<br>3.<br>1 TITLE<br>2 NAME  | red when reinstating)   | DATE                    | DIRECTO                      | DRS IN 12                               |
| SIĞNATURE.  12.  TITLE NAME SIREET ADDRESS   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST                              | OFFICERS AND AC OSTREET L  | mtacki lide ifa            | pplicable (I   | NOTE: Regist  1. 1. 1.  | nered Agent signature requir<br>3.<br>1 TITLE<br>2 NAME<br>3 STREET ADDRESS  | red when reinstating)   | DATE                    | DIRECTO                      | DRS IN 12                               |
| SIĞNATURE<br>12.<br>Tille<br>NAME<br>SIREET ADDRESS<br>COY-ST-ZIP  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C                | OFFICERS AND   | mtacki lide ifa            | pplicable (f<br>ORS DELETE                                     | NOTE Regist  1 1. 1. 1. 2.  | rered Agent signature requir<br>3.<br>1 TITLE<br>2 NAME<br>3 STREET ADDRESS<br>4 CITY-ST-ZIP   | red when reinstating)   | DATE                    | DIRECTO                      | DRS IN 12                               |
| SIĞNATURE.  12.  TILE NAME SIREET ADDRESS CUY-SI-ZIP TÜLE NAME SIREET ADDRESS  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | pplicable (f<br>ORS DELETE                                     | NOTE Registration 1. 1. 1. 1. 1. 2. 2. 2. 2.  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 5 NAME 3 STREET ADDRESS   | red when reinstating)   | DATE                    | DIRECTO                      | DRS IN 12                               |
| SIĞNATURE.  12.  MILE NAME SIREET ADDRESS CHY-SI-ZIP TÜLE NAME SIREET ADDRESS CHY-SI-ZIP   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C                | OFFICERS AND   | mtacki lide ifa            | pplicable (I   | NOTE Regist    1  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 4 CITY-ST-ZIP 5 STREET ADDRESS 4 CITY-ST-ZIP  | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition                      |
| SIĞNATURE.  12.  TÜLE NAME SIREET ADDRESS CÜLY-SI-ZIP TÜLE NAME SIREET ADDRESS CITY-SI-ZIP TÜLE  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | pplicable (f<br>ORS DELETE                                     | NOTE Regist   1   | rered Agent signature required 3.  1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE   | red when reinstating)   | DATE                    | DIRECTO                      | DRS IN 12 Addition                      |
| SIĞNATURE.  12.  TITE NAME SIREET ADDRESS CILY-SI-ZIP TITLE NAME SIREET ADDRESS CILY-SI-ZIP TITLE NAME NAME NAME NAME NAME   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | pplicable (I   | NOTE Regist  1. 1. 1. 1. 2. 2. 2. 3. 3.   | Tered Agent signature requirements of the second agent signature req | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition                      |
| SIĞNATURE.  12.  TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STIRET ADDRESS CHY-SI-ZIP TITLE NAME STIRET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | pplicable (I   | NOTE Registration of the state | Tered Agent signature requirements of the second agent signature req | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition                      |
| SIĞNATURE.  12.  TITE NAME SIREET ADDRESS CILY-SI-ZIP TITLE NAME SIREET ADDRESS CILY-SI-ZIP TITLE NAME NAME NAME NAME NAME   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | pplicable (I   | NOTE Regist  1. 1. 1. 1. 2. 2. 2. 3. 3. 3.  | Tered Agent signature requirements of the second agent signature req | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition             |
| SIĞNATURE.  12.  TITLE NAME SIREET ADDRESS CHY-SI-ZIP TITLE NAME SIREET ADDRESS CHY-SI-ZIP TITLE NAME SIREET ADDRESS CHY-SI-ZIP SIREET ADDRESS CHY-SI-ZIP  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE  DELETE   | NOTE Regist  1. 1. 1. 2. 2. 2. 3. 3. 3. 4.  | Tered Agent signature requirements of the second agent signature req | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition             |
| SIĞNATURE.  12.  TITE NAME SIBEET ADDRESS CILY-SI-ZIP TITE TITE TITE NAME   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE  DELETE   | NOTE Regist  1. 1. 1. 1. 2. 2. 2. 3. 3. 3. 4. 4.  | Tered Agent signature requirements of the second agent signature req | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition             |
| SIĞNATURE.  12.  TÜLE NAME SIREET ADDRESS GÜY-SI-ZIP TÜLE NAME SÜREET ADDRESS GÜY-SI-ZIP TÜLE NAME SIREET ADDRESS GÜY-SI-ZIP TÜLE NAME SIREET ADDRESS GÜY-SI-ZIP TÜLE NAME SIREET ADDRESS GÜY-SI-ZIP   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE DELETE  | **************************************  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP   | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition Addition    |
| SIĞNATURE.  12.  TITLE  NAME  SIREET ADDRESS  GILY-SI-ZIP  TITLE  SIREET ADDRESS  GILY-SI-ZIP  TITLE  NAME  SIREET ADDRESS  GILY-SI-ZIP  TITLE   | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE  DELETE   | 1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 4. 5.  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE   | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition             |
| SIĞNATURE.  12.  TITLE NAME SIREET ADDRESS GILY-SI-ZIP TITLE NAME STREET ADDRESS GILY-SI-ZIP TITLE NAME  | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE DELETE  | NOTE Regist  1. 1. 1. 1. 2. 2. 2. 2. 3. 3. 3. 4. 4. 4. 5. 5.  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME  | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition Addition    |
| SIĞNATURE.  12.  TITLE NAME SIREET ADDRESS GILY-SI-ZIP TITLE NAME STREET ADDRESS GITY-SI-ZIP TITLE NAME STREET ADDRESS | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE DELETE  | NOTE Register 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 5. 5. 5. 5. 5.  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS   | red when reinstating)   | DATE                    | DIRECTO Change               | DRS IN 12 Addition Addition Addition    |
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| SIĞNATURE.  12.  TÜLF NAME STREET ADDRESS GÜY-SI-ZIP TÜLE NAME STREET ADDRESS GÜY-SI-ZIP TÜLF NAME                             | P<br>LASHLEY, M<br>2224 PIMLIC<br>ORLANDO F<br>ST<br>LASHLEY, C<br>2224 PIMLIC | OFFICERS AND   | mtacki lide ifa            | DELETE DELETE  | NOTE Register 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  | 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE   | red when reinstating) ADDITIONS/CHANGES TO OFF  | DATE ICERS AND          | DIRECTO Change               | PRS IN 12  Addition  Addition  Addition |
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4. I do 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 arn an officer or director of the corporation or the receiver or frustee 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



4-14-97

407-240-4861

AA01016