FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:38

DOCUMENT # N15112 (8)

1. Corporation Name

M.A.C.O. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1412 W. COLONIAL DRIVE ORLANDO FL 32804-7119 US	1412 W. COLONIAL DRIVE ORLANDO FL 32804-7119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-2697264 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status X $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 712 W. GORE ST.	26 712 W. GORE ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO, FL.
Zip 24 32805 Country 25 ORANGE	Zip 29 32805 Country 30 ORANGE

9. Name and Address of Current Registered Agent

KINZLER, GERARD P.
1412 WEST COLONIAL DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name KINZLER, GERARD P.
82 Street Address (P.O. Box Number is Not Acceptable)
83 712 W. GORE ST.
84 City ORLANDO FL 85 Zip Code 32805

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, MARK	12 NAME	
STREET ADDRESS	124 PRIMROSE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	GREENE, SHELDON	22 NAME	
STREET ADDRESS	3720 WILDER LANE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WEST, B.J.	32 NAME	
STREET ADDRESS	1511 EAST ROBINSON STREET	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BOUCH, JOSEPH	42 NAME	
STREET ADDRESS	1155 LOUISIANA AVE. SUITE 101	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	M	51 TITLE	☐ Change ☐ Addition
NAME	MOGUL, MAX	52 NAME	
STREET ADDRESS	881 W MORSE BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	54 CITY-ST-ZIP	
TITLE	M	61 TITLE	☐ Change ☐ Addition
NAME	BURKE, RICK	62 NAME	
STREET ADDRESS	4802 WASHINGTON AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: [signature] MAX A. MOGUL 1/31/95 423-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033632