FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 21 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35617 (0)

1. Corporation Name
MAC COMMERCIAL & INDUSTRIAL CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~2107 SOUTH U.S. 1~~ ~~ROCKLEDGE FL 32955~~ Change address to	~~2107 SOUTH U.S. 1~~ ~~ROCKLEDGE FL 32955~~

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business	2a. Mailing Address
21 113 Holiday Ln	26 113 Holiday Ln
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Cocoa Beach	City & State 28 Cocoa Beach
Zip 24 32931 Country 25 USA	Zip 29 32931 Country 30 USA

4. FEI Number: 13-3388687 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACERONI, ANSELMO
2107 SOUTH U.S. 1
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: ANSELMO MACERONI
82 Street Address (P.O. Box Number is Not Acceptable): 113 Holiday Lane
83
84 City: Cocoa Beach FL 85 Zip Code: 32931

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: A. Maceroni Pres. DATE: 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	1.1 TITLE	DCP	☒ Change ☐ Addition
NAME	MACERONI, ANSELMO	1.2 NAME	ANSELMO MACERONI	
STREET ADDRESS	2107 SOUTH US 1	1.3 STREET ADDRESS	113 Holiday Ln.	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	VPTS	2.1 TITLE	VPTS	☒ Change ☐ Addition
NAME	MACERONI, RITA	2.2 NAME	Rita MACERONI	
STREET ADDRESS	2107 SOUTH US 1	2.3 STREET ADDRESS	113 Holiday Ln.	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Cocoa Beach 32931	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Maceroni Pres. 3/15/95 407 784-1267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070770 CP