

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P36489** (3)

1. Corporation Name

C-MAC OF AMERICA, INC.



Principal Place of Business

**MANGONIA PARK
1601 HILL AVE.
W. PALM BCH. FL 33401**

Mailing Address

**MANGONIA PARK
1601 HILL AVE.
W. PALM BCH. FL 33401**

3. Date Incorporated or Qualified

12/02/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0296170

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD., #1200
W. PALM BCH. FL 33401**

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 corporation

(If OFF - Registered Agent Signature required when "resigned")

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, DENNIS	
STREET ADDRESS	2290 HUGO ST.	
CITY - ST - ZIP	SHERBROOKE, CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANTHONY, BYK	
STREET ADDRESS	2 WYCLIFF RD.	
CITY - ST - ZIP	PALM BCH GDNS. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLMES, DAVID W.	
STREET ADDRESS	3322 PINE HILL TRAIL	
CITY - ST - ZIP	PALM BCH GDNS. FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	LANOUE, ISABELLE	
STREET ADDRESS	2250 VERMONT ST.	
CITY - ST - ZIP	SHERBROOKE, CANADA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WOOD, DENNIS	
STREET ADDRESS	2890 HUGO ST.	
CITY - ST - ZIP	SHERBROOKE, CANADA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PROVENCER, MICHAEL	
STREET ADDRESS	LAGASSE, LOUIS	
CITY - ST - ZIP	1424 PORTLAND ST.	
	SHERBROOKE, CANADA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	Provencher, Michael
6.4 CITY - ST - ZIP	9 de la Paix Street
	Victoriaville, Canada

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 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:

Anthony Byk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Daytime Phone #

CR2E034 (12/95)