

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**
4. FEI Number: **65-0296170**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD., #1200
W. PALM BCH. FL 33401**

10. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature typed or printed name of registered agent and corporation (Not for Registered Agent signature required when "checked")

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DENNIS	1.2 NAME	
STREET ADDRESS	2290 HUGO ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, BYK	2.2 NAME	
STREET ADDRESS	2 WYCLIFF RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS. FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, DAVID W.	3.2 NAME	
STREET ADDRESS	3322 PINE HILL TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS. FL	3.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANOUE, ISABELLE	4.2 NAME	
STREET ADDRESS	2250 VERMONT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DENNIS	5.2 NAME	
STREET ADDRESS	2890 HUGO ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBROOKE, CANADA	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCER, MICHAEL LAGASSE, LOUIS	6.2 NAME	S Provencher, Michael
STREET ADDRESS	1424 PORTLAND ST.	6.3 STREET ADDRESS	9 de la Paix Street
CITY-ST-ZIP	SHERBROOKE, CANADA	6.4 CITY-ST-ZIP	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* Date: 4/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)