


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1991	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
4. FEI Number 65-0296170	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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	P <input checked="" 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	P <input checked="" 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	CO <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 type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCHER, MICHAEL	6.2 NAME	
STREET ADDRESS	9 DE LA PAIX ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	VICTORVILLE CA	6.4 CITY-ST-ZIP	

14. I 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 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: *Michael Provencher* 4/27/98 (561) 845-8455

CR2E034 (10/97)