

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

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Mar 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37875**

(2)

1. Corporation Name  
**MAC ACQUISITIONS, INC.**



Principal Place of Business <b>24060 DEER RUN ROAD BROOKSVILLE FL 34801</b>	Mailing Address <b>24060 DEER RUN ROAD BROOKSVILLE FL 34801-4548</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1992</b>	3a. Date of Last Report <b>01/30/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>06-1310494</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREGURTHA, PAUL R</b>	1.2 NAME	
STREET ADDRESS	<b>248 LONG NECK POINT RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARIEN CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRONSON, THOMAS E.</b>	2.2 NAME	
STREET ADDRESS	<b>24060 DEER RUN RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBIAS, GLEN A.</b>	3.2 NAME	
STREET ADDRESS	<b>22 HAMPTON ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCARSDALE NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERLING, MICHAEL J.</b>	4.2 NAME	
STREET ADDRESS	<b>298 BROOKSIDE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARIEN CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGLOIS, ANDREW P.</b>	5.2 NAME	
STREET ADDRESS	<b>9 TOWER DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON CT</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, WESLEY W., JR.</b>	6.2 NAME	
STREET ADDRESS	<b>12 MERRYWOOD LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHORT HILLS NJ</b>	6.4 CITY-ST-ZIP	

14. I do 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:  **ANDREW P. LANGLOIS**  
VICE PRESIDENT  
2/21/97 (203) 997-8945

CR2E034 (9/96)