

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000006458 (2)

1. Corporation Name

MACK-PORT CORPORATION

Principal Place of Business

% WILLIAM D. HORVITZ
1-E BROWARD BLVD., #1101
FT. LAUDERDALE FL 33301

Mailing Address

% WILLIAM D. HORVITZ
1-E BROWARD BLVD., #1101
FT. LAUDERDALE FL 33301-1842

2. Principal Place of Business

21 LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
City & State

23 Zip Country

24 25

2a. Mailing Address

26 LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HORVITZ, WILLIAM D
1-E BROWARD BLVD.
#1101
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

01/27/1993

3a. Date of Last Report

03/07/1996

4. FEI Number

65-0384997

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (City, State, Zip, and Country)

83 City

84 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

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LAS OLAS CENTRE ☐ Change ☐ Addition

450 EAST LAS OLAS BOULEVARD, #900

FORT LAUDERDALE, FLORIDA 33301

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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

[Signature]

FILED
Mar 19 1997 8:00am
Secretary of State



CR2E034 (9/96)