## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## FILED Sep 17 1997 8:00am Secretary of State

DOCUMENT # P93000 43 238					
MACS BEACHSIDE MARKET, IAC,					
The control of the co	., ~.				
Principal Place of Business Mailing A	ddress	<del></del>	-		
760 GUIF Blul, INC. P. G. Box 1126					
INDIAN ROCKS BEACH, F	<sup>2</sup> C		Date Incorporated or Qualified	3a. Date of Las	et Poport
T) 10000 112 13 10000 171			3. Date incorporate on Guarnes		96
2. Principal Place of Business 2a. Mailing	· 🗻		4. FEI Number		Applied For
	V308 /1	126	59-3187357		Not Applicable
	Apt. #, etc.		5. Certificate of Status Desired	1366	5 Additional Required
22	State		6. Election Campaign Financing		00 May Be
	_	s Berd Fl	Trust Fund Contribution		ed to Fees
24 33 765 25 PINE/118 29 73	285	rivel(15	8. This corporation has liability for i	ntangible tax unde Yes 🔲 No	er s. 199.032
9. Name and Address of Current Registered A		1	10. Name and Address of New Re		
1 at McDonett		81 Name			
LOW MYERMOTT		82 Street Addre	ss (P.O. Box Number is Not Accepteb	le)	
612 2ml ST		83	*****		
INDIAN ROCKS BEACH, FC 3	3783			los I -	75- Ondo
		84 City		FL	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 office or registered agent, or both, in the State of Florida Suc	h change was autho	prized by the corporation	oration submits this statement for the poon's board of directors. I hereby accep	urpose of changin at the appointment	g its registered as registered
agent, I am familia) with, and accept the obligations of, Section	on 607.0505, Florida	Statutes.	9.	-10-17	
SIGNATURE Signature typed or printed name of registered agent and fit of applicate					
<u> </u>	ble (NOTE Reg	stered Agent signature requires	o when reinstating)	DATE	
12. PRES OFFICERS AND DIRECTORS		13.		DATE CERS AND DIRECT	FORS IN 12
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1. 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:

BIGNATURE AND TYPED OR PRINTED NAME O

5-10-71

Daytin'e Phone #