## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

P93000061935 (1)

DOCUN 1. Corporation	MENT # <b>P9300</b>	)0061935 (1	<b>')</b>		
	MAC, INC.			 	
Principal Place	of Business	Mailing Address			EDHI 90110 01161 HEID 18100 11101 6111 1691
#2 DICKMAN DR. SE RUSKIN FL 33570 US		#2 DICKMAN DR. SE RUSKIN FL 33570 US			
		03		3. Date incorporated or Qualified 08/30/1993	3a. Date of Last Report 05/01/1995
<ol> <li>Principal Pla</li> </ol>		2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζ <sub>I</sub> p	Country 30	8. This corporation has liability for i	
	9. Name and Address of Curre	kk		10. Name and Address of New R	egistered Agent
MCGINI	EV VENNETU		81 Name		
MCGINLEY, KENNETH #2 DICKMAN DR. S.E.			82 Street Addi	82 Street Address (P.O. Box Number is Not Acceptable)	
	FL 33510		83	· · · · · · · · · · · · · · · · · · ·	
			84 City		85 Zip Code
11 Pursuant to	a tue provisions of Sections 607 050	2 and 607 1508 Flood \$tatu	tes the shove paried const	iahon submits this statement for the pur	FL S Zip Gode
familiär wit SIGNATURE	by and accept the obligations of Sec Splitting special admitted rand of registeral ages	tion 607.0505, Florida Statute	Otte Projectived Agent Signal or original		DAUE
12. TITLE	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
NAME	MCGINLEY, KENNETH	[_] bittite	1.2 NAME		Charge Adolder
STREET ADDRESS	1620 24TH ST SE		1.3 STELET ADDRESS		
CITY-ST-ZIP	Ruskin Fl		1.4 CITY - ST - ZIP		
TITLE	VP	[] DEFEIE	2 1 THLE		Change Addition
NAME	MCGINLEY, CHARLENE 1620 24TH ST SE		2.2 NAME		
STREET ADDRESS	RUSKIN FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	3 1 TILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CHY ST-ZIF		
TITLE		☐ DELETE	4 1 TITEF		Change Addition
NAME OTOGET LODDESCO			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 C(TY - ST - Z(P) 5.1 T(TLE		Change Addition
NAME		La estate	5 2 NAME		gv
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELFTE	6 1 THE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
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14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3):kl. Florida Statutes. I further certify that the information indicated on this annual reject or supplemental annual reject is true and accurate and that my signature shall mave the same legal effect as if made under eath; that I am an officer or director of the doporation or the reject or or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 inchanged, or on an attact prient with an address

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNA

CR2E034 (12/95)