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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067328 (3)

MACOLON INCORPORATED

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						***************************************	* WPT P
20146 BILL COLLINS RD. 20146 BILL COLLINS RD							
EUSTIS FL 33	eren	EUSTIS FL 32726 US			DO NOT WRITE IN THIS SPACE		
•		•			3. Date Incorporated or Qualified		
					09/28/1993		
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3209741		Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5, Certificate of Status Desired		5 Additional
22		27			6. Election Campaign Financing \$5.00 May Be		
City & Stat	te	City & State					
Zip	Country	Zip Country			Trust Fund Contribution Added to Fees		
ส ์ "32 ว	736 25 Country	32 236	<u> </u>	y	 This corporation owes or has paid the Personal Property Tax due June 30. 	he current year Yes	Intangible No
9 24	9. Name and Address of Curre		[30]		10. Name and Address of New Regist		MU NO
			81	Name	10, 110110 11011010	order rigent	
COLON, LAURA 20146 BILL COLLINS RD					(0.0.0.1)		
	STIS FL 32726		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
LO	0110 1 E 0E1E0		83	,†			
				1			
			64	City		FL 85 3	2736
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	ules, the abov	re-named co	rporation submits this statement for the purp	ose of changing	its registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	∋ of Florida. Such change was jations of, Section 607.0505, I	s authorized b Florida Statute	y the corpora is.	rporation submits this statement for the purp- ation's board of directors. I hereby accept th	e appointment a	as registered
SIGNATURE	Stgnature, typed or printed name of registered ag-	the state of the s	OTE . Designed &		uired when reinstaling) 0	IATE	
12.		ID DIRECTORS	13.	ore estimatore ted	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	PD	DELETE	1.3 TITLE		ice Aresident	Chang	
NAME	COLON, LAURA		1.2 NAME		hichael A. Colon	•	_
STREET ADDRESS	20146 BILL COLLINS RD		1.3 STREE	TADDRESS 2	nichael A. Colón 10146 Bill Collins Rd Lustis, Fl. 32736	L.	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-	ST-ZIP	ustis. Fl. 82731		
TITLE		DELETE 21				☐ Change	e 🔲 Addition
NAME			2 2 NAME				
STREET ADDRESS			23 STREE	T ADDRESS			
CITY - ST - ZIP			2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - ST - ZIP			3 4. CITY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME	1		4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		[] perese	4.4 CITY -	ST-ZIP			. [] 44***
TITLE		DELETE	5.1 TITLE			Change	e 🔲 Additio
NAME			5.2 NAME	i			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	!	T perse	5.4 CITY-	ST-ZIP		176	· I (Appelli
TITLE		☐ DELETE	6.1 TITLE			L Change	e L. Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
DITY OF THE	1		C 4 DITU	AT 740			

14. Thereby 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 arrival 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 coreiver 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 charged, or on an attachment with an address

4/20/08

250/252-2224