

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000072118 (1)**

1. Corporation Name

MACNO MANAGEMENT CORP.



Principal Place of Business

**151 MARY ESTER BLVD.
SUITE#308A
MARY ESTER FL 32569
US**

Mailing Address

**151 MARY ESTHER BLVD
SUITE#308A
MARY ESTER FL 32569
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

**OSMAN, L M
1474-A W. 84TH ST.
MIALEAH FL**

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

04/21/1995

4. FEI Number

59-3216757

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 (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0107 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 607.0105, Florida Statutes.

SIGNATURE

(Signature required if change of registered agent is requested)

(Signature required if change of registered office is requested)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DVS**
STREET ADDRESS **MCCORMICK, JERRY**
CITY-STATE-ZIP **8 GALE CT.
FREEPORT FL 32439**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **NOBLES, MICHAEL**
CITY-STATE-ZIP **1118 RHONDA DR
NICEVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael S. Nobles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

904-244-2629

CR2E034 (12/95)