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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006067 (0)

FILED May 12 1997 8:00am Secretary of State

1. Corporation Name MACO SOUTH, INC. Principal Place of Business Mailing Address 1970 N.W. 22 ST. POMPANO BEACH 33 33089 US Mailing Address 1970 N.W. 22 ST. POMPANO BEACH 33 33089-1316 US									
••		••				3. Date Incorporated or Qualified 01/18/1994		te of Last 09/1996	,
2. Principal P	flace of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26		·		65-0469675			Vot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State	······································		······································	6. Election Campaign Financing			May Be
3 Zip	Country	28]	⊢	untry		Trust Fund Contribution 8. This corporation has liability for it		tax under	s. 199.032,
4	25	29	30	·			Yes		
	g, Name and Address of Cu	irrent Registered Agent		81	Name	10. Name and Address of New Re	gistered	egent	
197	LSON, JEFF C 10 NW 22 ST MPANO BEACH FL 33069					ess (P.O. Box Number is Not Acceptab	ole)		
				84	City		FL	85 Zq	o Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida S	tatutes, the a	above-	-named corp	poration submits this statement for the p		changing	Its registered
	Signature, typed or printed name of registers	ed agent and late if applicante				poration submits this statement for the pion's board of directors. I hereby accepted when reinstang)	DATE		
SIGNATURE	Signature, typed or printed name of registere OFFICERS	ed agent and tale if applicable S AND DIRECTORS	(NOTE Registere	ed Agent			DATE	DIRECTO	ORS IN 12
SIGNATURE 12. 1III E	Signature, type-d or printed name of registrice OFFICERS	ed agent and late if applicante	(NOTE Registers 13.	ed Agent		red when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TITE NAME	Signature, typed or printed name of registeres OFFICERS PT NELSON, JEFF C	ed agent and tale if applicable S AND DIRECTORS	(NOTE Register 13. 1.1.1 1.2.6	ed Agent TITLE	i Bignature require	red when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ACORESS	OFFICERS PT NELSON, JEFF C 10551 NW 43RD STREET	ed agent and tale if applicable S AND DIRECTORS	(NOTE Registers 13. 1.11 1.2 A 1.3 S	ed Agent FITLE NAME STREET A	nt signature require	red when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREEF ACCORESS CITY: \$1:200	OFFICERS PT NELSON, JEFF C 10551 NW 43RD STREET CORAL SPRINGS FL	ed agent and title if applicable 6 AND DIRECTORS DELETE	(NOTE Registers 13. 1.11 1.2 A 1.3 S 1.4 (ed Agent TITLE NAME STREET A	nt signature require	red when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME STREEF ADDRESS CHY-ST-ZIE THE	OFFICERS PT NELSON, JEFF C 10551 NW 43RD STREET CORAL SPRINGS FL VPS	ed agent and tale if applicable S AND DIRECTORS	(NOTE Register 13. 1.1.1 1.2.6 1.3.5 1.4.6 2.1.1	ed Agent Title NAME STREET A CITY-ST-	nt signature require	red when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME STREE ACORES CITY: \$1-70° THE NAME	OFFICERS PT NELSON, JEFF C 10551 NW 43RD STREET CORAL SPRINGS FL VPS NELSON, ERIC C	ed agent and title if applicable 6 AND DIRECTORS DELETE	(NOTE Register 13. 1.11 1.2 <i>h</i> 1.35 1.4 <i>t</i> 2.11	ed Agent TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS	red when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME SIBLE ADDRESS CHY-ST-ZIE THE NAME SIBLET ADDRESS	OFFICERS PT NELSON, JEFF C 10551 NW 43RD STREET CORAL SPRINGS FL VPS	ed agent and title if applicable 6 AND DIRECTORS DELETE	(NOTE Register 13. 1.11 1.24 1.35 1.44 2.11 2.21 2.35	ed Agent TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ADDRESS	red when reinstating)	DATE	DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME SIREF ACORESS CHY. ST. 70°. THE NAME SIREF ADDRESS CHY-ST. 71°.	OFFICERS PT NELSON, JEFF C 10551 NW 43RD STREET CORAL SPRINGS FL VPS NELSON, ERIC C 4507 TREEHOUSE LANE A	ed agent and title if applicable 6 AND DIRECTORS DELETE	(NOTE Register 13. 1.11 1.24 1.35 1.44 2.11 2.21 2.35 2.4	od Agent TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS ADDRESS	red when reinstating)	DATE	DIRECTO	ORS IN 12 Addition
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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:

ERIC NEUSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0154462