

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000018847 (1)

1. Corporation Name

MAC BEST, INC.

Principal Place of Business

2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address

2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020



3. Date Incorporated or Qualified

03/10/1994

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

21 299 NE 191 Street

2a. Mailing Address

26 299 NE 191 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 900

27 Suite 900

City & State

City & State

23 Aventura, FL

28 Aventura, FL

Zip

Zip

Country

Country

24 33180

25 USA

29 33180

30 USA

4. FEI Number

65-0082550

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOCHSZTEIN, FRED  
2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

81 Name  
Hochsztein, Fred

82 Street Address (P.O. Box Number is Not Acceptable)  
299 NE 191 Street

83 Suite 900

84 City  
Aventura

FL

85 Zip Code  
33180

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME BEST, DAVID  
STREET ADDRESS 2206 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL 33020

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 299 NE 191 St., Suite 900  
1.4 CITY-ST-ZIP Aventura, FL 33180

TITLE DST ☐ DELETE

NAME MACLEAN, SANDRA  
STREET ADDRESS 2206 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL 33020

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 299 NE 191 St., Suite 900  
2.4 CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)