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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400050744 (9)

MACS CONSTRUCTION & CONCRETE INC.

Country

9. Name and Address of Current Registered Agent

25

MECCARIELLO, RICHARD J SR. 848 GLOUCHESTER ST.

BOCA RATON FL 33487

Mailing Address
848 GLOUCHESTER ST. BOCA BATON EL 33487

2a. Mailing Address

City & State

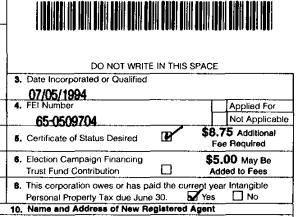
Suite, Apt. #, etc.

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FILED Apr 27 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

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, and lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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City

Country

agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typod or printed name of regulated agent and tile if appli	cable {NOTE	Registered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 12	
TITLE	P	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	MECCARIELLO, RICHARD J JR.		1.2 NAME			l.	
STREET ADDRESS	634 LINDELL BLVD.		1.3 STREET ADDRESS			1	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1,4 CITY-ST-ZIP				
TITLE	V	DELFTE	2.1 TITLE		☐ Change	Addition	
NAME	MECCARIELLO, RICHARD J SR.		2.2 NAME				
STREET ADDRESS	848 GLOUCHESTER ST.		2.3 STREET ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP		-		
TITLE	ST	DELETE	3 1 TITLE		Change	☐ Addition	
NAME	MECCARIELLO, JUDITH M		32 NAME				
STREET ADDRESS	848 GLOUCHESTER ST.		3 3 STREET ADDRESS			ì	
CITY - ST - ZIP	BOCA RATON FL 33487		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5 1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME			ļ	
STREET ADDRESS	•		6 3 STREET ADDRESS				

64 CITY-SI-ZIP

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 supplied 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 trusted 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.

Turithm. Msccarliello

SIGNATURE:

Quality M. Mon

JUDITAM

4-20-98

561-274-7002

Zip Code