## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400076374 (5)

MACPI	RO CONSULTING SERVICE	S, INC.				<b>a</b> an <b>aa</b> n 1 <b>a</b>	ANA 3008 0740 181	<b>.</b> 111 6161 1661
Principal Plac	ce of Business	Mailing Address						
4190 BELFORT ROAD 4190 BELFORT ROAD								
SUITE 260 SUITE 260								
JACKSONVIL	LE FL 32216	JACKSONVILLE FL 3221	6		DO NOT WRITI	E IN THIS	SPACE	
					3. Date Incorporated or Qualified	3a. [	Date of Last R	eport
2 53-31-1	N (D)	1			10/18/1994		1/18/1996	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number		Ap	oplied For	
21 Suite, Apt. #, etc.		26 Cuito Ant H ata		59-3274604			ot Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28		Trust Fund Contribution		Added t	to Fees	
Zip			Country	<b>y</b>	8. This corporation owes or has paid the current year Intangible		angible	
24	25 29 30  9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No			J No
1.5		ur vedistelen våeut	81	Name	10. Name and Address of New Ri	gistered	Agent	
LEWIS, GEORGINA LYN				IVanio				
4190 BELFORT ROAD			62	Street Add	ress (P.O. Box Number is Not Accepta	ole)		
SUITE 260 JACKSONVILLE FL 32216			83					
JA	CHOUNTILLE FL 32216		"					
•			84		•	FL	85 Zip (	
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida, Such change was	tes, the abov authorized by	e-named corp y the corporat	poration submits this statement for the lition's board of directors. I hereby acce	ourpose o	of changing its pointment as	s registered registered
agent. Fa SIGNATURE	im tamiliar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statute:	S.				-
	Signature, typed or printed name of registered ag			ent signature requi	red when reinstating)	DATE		
<b>12.</b> TITLE	OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AN		
	LEWIS, GEORGINA L	☐ DELETE	1.1 TITLE					Addition
NAME LEWIS, GEORGINA L STREET ADDRESS 1860 PLANTATION OAKS D		N/AE	1.2 NAME					
140V00MMILE EL AAAAA		NAC	1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	WAOKSONVILLE FL 32223	DELETE	1.4 CITY-S	ST-ZIP			1 06	1 1 14°C
NAME			2.1 TITLE				L. Change	
STREET ADDRESS			2.2 NAME	Inheres				
			2.3 STREET					
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - S 3.1 TITLE	SI-ZIP			Chongs	Arlatition
NAME		Last Decemb	3.1 THE				☐ Change	Addition
STREET ADORESS			3.2 NAME 3.3 STREET	ADDRECC				
CITY-ST-ZIP								
TITLE		DELETE	3.4. CITY - S 4.1 TITLE	31-EIF			Change	Addition
NAME			4.2 NAME				C Circuigo	/Addition
STREET ADDRESS			4 3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		DELETE	5.1 TITLE	1 44			Change	☐ Addition
NAME		—	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE	6.1 TITLE	1 411		<del></del>	Change	Acdition
NAME			6.2 NAME				- Citaligo	
STREET ADDRESS			6.3 STREET	ADDRESS				
OITH OT TIE	_		5.5 Officer					

14. I do hereby 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 arrival 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 local profition or the receiver or frustee emphases be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or

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×111.197

**FILED** 

Sep 22 1997 8:00am

Secretary of State