

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY - 1 PM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093699 (4)**

1. Corporation Name

THE MAC SOURCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1386 SAN LUIS COURT WINTER SPRINGS FL 32708**
Mailing Address: **1386 SAN LUIS COURT WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report
4. FEI Number 59-3293575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Director Campaign Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent DOUCETTE, TIMOTHY A 1386 SAN LUIS COURT WINTER SPRINGS FL 32708				10. Name and Address of New Registered Agent	
B1. Name					
B2. Street Address (P.O. Box Number is Not Acceptable)					
B3.					
B4. City				B5. FL	B6. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 of Registered Agent required when registering) _____ (Signature of Registered Agent required when resigning) _____ (Signature of Registered Agent required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS	
11. TITLE	D DOUCETTE, TIMOTHY A 1386 SAN LUIS COURT WINTER SPRINGS FL 32708	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	DEAN, DAVID 1820 W AZALEA LANE DELAND FL 32720	12. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	D KIMBERLY E. DOUCETTE 1386 SAN LUIS CT WINTER SPRINGS, FL 32708	13. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. CITY, ST, ZIP		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY, ST, ZIP		18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS		21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. CITY, ST, ZIP		22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 manager or the person employed to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with my address.

SIGNATURE: **TIMOTHY A. DOUCETTE** 04/24/95 (407) 365-3060
SIGNATURE AND FILED ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR