SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000009879 (4)**

1. Corporation Name
MAC-COR OF SARASOTA, INC.

Principal Place of Business
38855 PROCTOR RD.
SARASOTA FL 34233

Mailing Address
38855 PROCTOR RD.
SARASOTA FL 34233

3. Date Incorporated or Qualified: 01/31/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1373 Main Street
Suite, Apt #, etc
22
City & State
23 Sarasota, Florida
Zip 24 34236 Country 25 Sarasota

2a. Mailing Address
26 1373 Main Street
Suite, Apt #, etc.
27
City & State
28 Sarasota, Florida
Zip 29 34236 Country 30 Sarasota

4. FEI Number 65-0564296 [ ] 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
JANSEN, SHARI S
1648 MAIN ST.
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MACCARRON, DAMIEN	
STREET ADDRESS	1001 BEN FRANKLIN DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	[ ] DELETE
NAME	MACCARRON, GREGORY	
STREET ADDRESS	38855 PROCTOR ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	[X] DELETE
NAME	MACCARRON, STEPHANI	
STREET ADDRESS	3855 PROCTOR RD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	[X] Change [ ] Addition
1.2 NAME	Maccarron, Damien	
1.3 STREET ADDRESS	1373 Main Street	
1.4 CITY-ST-ZIP	Sarasota, Florida 34236	
2.1 TITLE	Vice-President	[X] Change [ ] Addition
2.2 NAME	Maccarron, Gregory	
2.3 STREET ADDRESS	1373 Main Street	
2.4 CITY-ST-ZIP	Sarasota, Florida 34236	
3.1 TITLE	Secretary/Treasurer	[ ] Change [X] Addition
3.2 NAME	Henderson, Roseann	
3.3 STREET ADDRESS	1373 Main Street	
3.4 CITY-ST-ZIP	Sarasota, Florida 34236	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory Maccarron, Gregory D. Maccarron — 963-3899 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #