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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000056597 (4)
1. Corporation Name

APPROVED AND FILED

96 MAY -1 PM 5: 49

COCONINGY OF STATE

WAREMAC, INC.			
Principal Place of Business 1499 SW 30TH AVENUE SUITE 16 BOYNTON BEACH FL 33426	Maling Address 1499 SW 30TH AVENUE SUITE 16 BOYNTON BEACH FL 33		
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1995 3a. Date of Last Report 4. FET Number Applied For Not Applicative
Suite, Apt. #, etc. 22 City & State	Suite, Apt. #, etc 27 City & State		5. Continuate of Status Desired Sa.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be
Zip Country 24 25 9. Name and Address of Currer		Country 30	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
MACKEY, DAVID E III	n negistered Agent	81 Name	10. Name and Address of New Registered Agent
1499 SW 30TH AYÊNUE SUITE 16 BOYNTON BEACH FL 33426		82 Street Addr8384 City	ess (P.O. Box Number is Not Acceptable)
or registered agent, or both, in the State of Hon- familiar with, and accept the obligations of, Sect	da. Such change was authonzed	, the above named corpor t by the corporation's boar	ation submits this statement for the purpose of changing its registered office of directors. Thereby accept the appointment as registered agent. Lam
Signature typed or preted dame of regelered a pret 12. OFFICERS AN		Registered Agent signal frem outs:	
THE ORESIDENT/SEC	✓ □ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME MARKEY, DAV. 8	AUE STELL	1.2 NAM: 1.3 STREET ADDRESS	600001525566 -05/16/9601016083 ****200.08 ****200.00
CITY-SI-ZIP BOYN-ON DETROCK	72 35926 DELETE	1.4 CH Y - ST - ZIP 2.1 THEE	
NAME	becan	2 2 NAME	Change Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY - ST. ZIP	
TITLE NAME	☐ DELETE	3 1 PITLE	Change Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIF		3.3 STREET ADDRESS 3.4 Crty+St+ZiP	
THLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAM:	_ · _
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIF		4.4 City - ST - 7(6)	
TITLE	☐ DELETE	. 5 1 THTLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIF TITLE	☐ DELETE	5.4 CITY ST-20F	
NAME		6 1 7/11/6	Change Addition
STREET ADDRESS		6 2 NAME	/ DXD.
City - ST- ZiF		6.3 STREET ADDRESS	~~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	with this fring is voluntarily furnish	64 City - St - ZIF ned and does not qualify for	or the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

14. I do hereby certify that the information supplied with this fing 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 suppliented 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 congruential 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OF MICER OR DIRECTOR

Daytana Private #

CR2E034 (12/95)