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 8 12 96 8-7780 C

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

DOCUMENT # P95000071171 (9)

1. Corporation Name
S S MAC INC.

Principal Place of Business	Mailing Address
161 SW EVANS AVENUE PORT ST. LUCIE FL 34984	161 SW EVANS AVENUE PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report:
4. FEI Number: 59-3335709 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 623 SE STOW TERR	26 623 SE STOW TERR.
22 Suite, Apt #, etc	27 Suite, Apt. #, etc
23 City & State: Port St. Lucie, FL	28 City & State: Port St. Lucie, FL
24 Zip: 34984 25 Country: USA	29 Zip: 34984 30 Country: USA

9. Name and Address of Current Registered Agent
DUNGEY, RICHARD J
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

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 ______ (Notice: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MACGREGOR, STEPHANIE A	
STREET ADDRESS	161 SW EVANS AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D, P	☑ Change ☐ Addition
1.2 NAME	MacGregor, Stephanie A	
1.3 STREET ADDRESS	623 STOW TERR	
1.4 CITY-ST-ZIP	PSL, FL 34984	
2.1 TITLE	V	☐ Change ☑ Addition
2.2 NAME	MacGregor, Scott	
2.3 STREET ADDRESS	623 SE STOW Terr.	
2.4 CITY-ST-ZIP	PSL., FL 34984	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephanie MacGregor, president 8/5/96 (561) 879 0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stephanie MacGregor, president