FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079029 (1)

MAC CONSULTING INC.

Principal Place of Business Mailing Address 9581 NEWPORT RD. 9581 NEWPORT RD. BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/16/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		oplied For	
Suite, Apt.	#, etc.	├ ──	26			5. Certificate of Status Desired See Regulred			
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution	ntribution Added to Fees		
Zip 24	Country 25	Zip 29	30	Country	/ 		Yes [tangible] No	
	9. Name and Address of Cur CATEER, MARTIN	rent Hegistered Ag	ent	81	Name	10. Name and Address of New Registered A	tgent		
11. Pursuant	CA RATON FL 33434 to the provisions of Sections 607.6	0502 and 607.1508,	Florida Statutes, t	84 the abov	City e-named cor	FL poration submits this statement for the purpose of	changing it	Code ts registered	
office or r agent. I a SIGNATURE	egistered agent, or both, in the St im familiar with, and accept the ob- stgnature, typed or printed name of registered	ligations of, Section	607.0505, Florida	Statute	S.	ation's board of directors. I hereby accept the appointment of the properties of the	ointment as	registered	
12.	OFFICERS :	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCATEER, MARTIN 9581 NEWPORT RD. BOCA RATON FL 33434	Τ.	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-1	T ADDRESS		Change	Addition	
TITLE NAME STREET ADDRESS	D MCATEER, LAURENNE 9581 NEWPORT RD.	DELETE		2.1 TITLE 2.2 NAME 2.3 SYREET ADDRESS			Change	Addition	
CITY-ST-ZIP TITLE	BOCA RATON FL 33434		DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change	☐ Addition	

14. I 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 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

MARCIN J. MEATER 4-23-84 561452 DOVE

☐ Addition

■ Addition

Addition

FILED

Apr 29 1998 8:00am

Secretary of State