

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000081264 (0)

1. Corporation Name

MACKY HEALTH INSTITUTE, INC.

Principal Place of Business

6851 YUMURI STREET STE 5
CORAL GABLES FL 33146

Mailing Address

6851 YUMURI STREET STE 5
CORAL GABLES FL 33146

2. Principal Place of Business

21 6800 SW 45 LN. #
Suite, Apt. #, etc.

2a. Mailing Address

26 6800 SW 45 LN
Suite, Apt. #, etc.

22 Suite #1

City & State

23 Miami, FL

Zip

24 33155

26 USA

27 #1

City & State

28 Miami, FL

Zip

29 33155

30 Country

USA

9. Name and Address of Current Registered Agent

MACKY, BONNIE
6851 YUMURI STREET STE 5
CORAL GABLES FL 33146

not
new
agent
but new
address

81 Name

Mackey, Bonnie

82 Street Address (P.O. Box Number is Not Acceptable)

6800 SW 45 Lane #1

83 Suite #1

Miami

84 City

FL 33155

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 *Bonnie Mackey, President (Vice President/Chancellor, Corporation, registered agent same)* 01/16/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S DELETE
NAME SAPP, JANE
STREET ADDRESS 6851 YUMURI STREET #5
CITY-ST-ZIP CORAL GABLES FL

TITLE VP DELETE
NAME EGOL, NANCY
STREET ADDRESS 6851 YUMURI STREET #5
CITY-ST-ZIP CORAL GABLES FL

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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.

SIGNATURE: *Bonnie Mackey, President*

01/16/98 (305)667-2241

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

59-3311353

Applied For

Not Applicable

5. Certificate of Status Desired

□ \$8.75 Additional

Fee Required

6. Election Campaign Financing

□ \$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

Mackey, Bonnie

6800 SW 45 Lane #1

Miami

Suite #1

Miami

FL 33155

CR2E034 (1097)