

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000002302 (3)

1. Corporation Name
MACKIE THERAPY SERVICES INC.



Principal Place of Business 1876 PAINTED BUNTING CIR. PALM HARBOR FL 34683	Mailing Address 1876 PAINTED BUNTING CIR. PALM HARBOR FL 34683
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4336 Fallbrook Blvd.		2a. Mailing Address 26 PO Box 4937		3. Date Incorporated or Qualified 01/03/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3358799	
City & State 23 Palm Harbor FL		City & State 28 Palm Harbor FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34685		Zip 29 34685-0237		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MACKIE, BRIAN 1876 PAINTED BUNTING CIR. PALM HARBOR FL 34683				10. Name and Address of New Registered Agent	
				81 Name Mackie, Brian	
				82 Street Address (P.O. Box Number is Not Acceptable) 4336 Fallbrook Blvd.	
				83	
				84 City Palm Harbor	
				85 Zip Code FL 34685	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKIE, BRIAN		1.2 NAME Mackie, Brian	
STREET ADDRESS 1876 PAINTED BUNTING CIR		1.3 STREET ADDRESS 4336 Fallbrook Blvd	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP Palm Harbor FL 34685	
TITLE VPT	<input type="checkbox"/> DELETE	2.1 TITLE VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAMBA-MACKIE, FAYE		2.2 NAME Namba-Mackie, Faye	
STREET ADDRESS 1876 PAINTED BUNTING CIRCLE		2.3 STREET ADDRESS 4336 Fallbrook Blvd	
CITY-ST-ZIP PALM HARBOR FL		2.4 CITY-ST-ZIP Palm Harbor FL 34685	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____

CR2E034 (10/97)