

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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000026204 (3)**  
 1. Corporation Name  
**CAROMAC, INC.**



Principal Place of Business 40626 E. SECOND AVE. UMATILLA FL 32784	Mailing Address 40626 E. SECOND AVE. UMATILLA FL 32784
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>102 LIBERTY COURT</b>		2a. Mailing Address 26 <b>102 LIBERTY COURT</b>		3. Date Incorporated or Qualified <b>03/19/1996</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3367470</b>	
City & State 23 <b>DEERFIELD BEACH, FL</b>		City & State 28 <b>DEERFIELD BEACH, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33442</b>		Country 25 <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 29 <b>U.S.A.</b>		Zip 30 <b>33442</b>		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  
**MCINERNEY, CAROL J**  
**40626 E. SECOND AVE.**  
**UMATILLA FL 32784**

10. Name and Address of ~~the~~ Registered Agent  
 81 Name **CAROL J. MCINERNEY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**102 LIBERTY COURT**  
 83  
 84 City **DEERFIELD BEACH** FL 85 Zip Code **33442**

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINERNEY, CAROL J	1.2 NAME	MCINERNEY, CAROL J
STREET ADDRESS	40626 E 2ND AVE	1.3 STREET ADDRESS	102 LIBERTY COURT
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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)(f), 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: Carol J. McInerney 1-21-98 (800) 822-1408  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # OORAS:7

CR2E034 (10/97)