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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000046844

1. Corporation Name
MACKIN INC.
3012 ARDSley DR.
ORlando, FL 32804

CK#0306 enclosed. $ 350.00
CK# 307 $ 35.00

Principal Place of Business	Mailing Address
3012 ARDSley DR. ORlando, FL 32804	(Same)

3. Date Incorporated or Qualified: 5/28/96
3a. Date of Last Report: THIS IS INITIAL REPORT

2. Principal Place of Business
21: 3012 ARDSley DR
22 Suite, Apt. #, etc.: —
23 City & State: Orlando, FL
24 Zip: 32804 — 25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: — 30 Country:

4. FEI Number: 59-3388249 ☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Faith K. STALNAKER, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 300 INTERNATIONAL PKWY.
83: Suite 376
84 City: Heathrow, FL 85 Zip Code: 32746

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: For Faith K STALNAKER, Registered Agent of record: [signature] 6/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE: P 1.2 NAME: STEVEN J. PIANTIERI 1.3 STREET ADDRESS: 3012 ARDSley DR. 1.4 CITY-ST-ZIP: ORlando FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: V/S/T 2.2 NAME: ELIZABETH S. PIANTIERI 2.3 STREET ADDRESS: 3012 ARDSley DR. 2.4 CITY-ST-ZIP: ORlando, FL 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change ☐ Addition 500002233415 -07/09/97--01018--033 ***165.00 PE JK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change ☐ Addition 800002233418 -07/09/97--01018--034 ***385.00

CR2E034 (9/96)

14. I do 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: [signature] STEVEN PIANTIERI, 6/17/97 407/423-3998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #