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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000087927 (5)

MAC INDUSTRIES, INC.

FILED Jun 11 1997 8:00am Secretary of State



	· · · · · · · · · · · · · · · · · · ·					<u> </u>
Principal Place of Business Mailing Address					I IDEILDE: 110 IBNG DIVIT DRIVI GRAN	
UNIT 85. 3333 POMPANO BE	W. ATLANTIC BLVD. ACH FL 33069	UNIT 35, 3333 W. ATLANTIC BLVD. POMPANO BEACH FL 33089-2554				
					 Date Incorporated or Qualific 10/24/1996 	d 3a. Date of Last Report
2. Principal Place of Business		├ ─┐	2a. Mailing Address		4. FELNumber 65-070595	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		00-090515		
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip •	Country	Zip	Cou	intry		for intangible tax under s. 199.032,
24 .	25]	1.00	30		Florida Statutes	Yes No
	9. Name and Address of Curren	i Hegistered Agent		81 Name	10. Name and Address of New	Hegistered Agent
	NGS, INC.			81 Name		
3732 N.W. 16TH STREET				82 Street Ad	dress (P.O. Box Number is Not Accep	olable)
, FT.	LAUDERDALE FL 33311-4132					
				83		
1				84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the at	bove-named co	rporation submits this statement for the	e purpose of changing its registered cept the appointment as registered
-	m familiar with, and accept the obliga	ations of, Section 607.05	i05, Florida Stat	utes.		oopt tild appearation as regations
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTF: Registeres	d Agent signature req	cired when reinstaling)	DATE
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	DELE	1E 1.110	TLE		Change Addition
NAME	ANDREINI, ANDRE		1.2 N	AME)		ì
STREET ADDRESS	UNIT 35, 3333 W. ATLANTIC B	SLVD.	1.3 ST	REET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 00	TY-S1-ZIP		
TITLE		☐ DELE	TE 2.1 TO	TLE		☐ Change ☐ Addition
NAME			2.2 N/	3MA		
STREET ADDRESS			2.3 \$1	REET ADDRESS		
CITY-ST-ZIP			2 4 0	ITY-S1-ZIP		
TITLE		☐ DELE	TE 3.1 TII	TLE		Change Addition
NAME			3.2 N/	AME	•	
STREET ADDRESS			3.3 \$1	TREE1 ADDRESS		
CITY-ST-ZIP				HY-SI-ZIP		
TITLE		☐ DELE	TE 4.1 30	ITE [☐ Change ☐ Addition
NAME			4.2 N	IAME		Ì
STREET ADDRESS			4.3 ST	IREE1 ADDRESS		
CITY-ST-ZIP				TY- \$1-2IP		
TITLE		☐ DELE	TE 5.1 TI	TLE		Change Addition
NAME			5 2 N/	4ME		
STREET ADDRESS			5351	IREET ADDRESS		·
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELE	TE 6.1 TH	LTE		Change Addition
NAME			6.2 NA	AME		
STREET ADDRESS			6.3 ST	REFT ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-S1-ZIP		
14. I do herel	by certify that the information supplier	d with this filing does no	t qualify for the	exemption state	ed in Section 119 07(3)(i), Florida Stat	utes. I further certify that the

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 eath; 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 3 if changed, or on an attachment with an address.

(951420-470