

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000089139 (5)

1. Corporation Name
MACDERMOTT INDUSTRIES, INC.



Principal Place of Business: **510 WHITNEY AVENUE #A-1 LANTANA FL 33462**
Mailing Address: **510 WHITNEY AVENUE #A-1 LANTANA FL 33462-1849**

3. Date Incorporated or Qualified: **10/28/1996**
3a. Date of Last Report

2. Principal Place of Business: **21 860-5 N 8th St.**
2a. Mailing Address: **26**
Suite, Apt. #, etc.

4. FEI Number: ~~XXXXXXXXXX~~ Applied For Not Applicable

22 City & State: **27 Lantana FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip: **24 33462** Country: **25**
28 City & State: **29** Country: **30**

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
**MACDERMOTT, JAMES III
510 WHITNEY AVENUE
#A-1
LANTANA FL 33462**

10. Name and Address of New Registered Agent
81 Name: **James MacDermott III**
82 Street Address (P.O. Box Number is Not Acceptable): **3099 Nauticle Way**
83
84 City: **Lantana** FL 85 Zip Code: **33462**

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. Both in the State of Florida, and in the State of Florida, the above-named corporation was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE: *[Signature]* **Treasurer, President** **4/23/97**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDERMOTT, JAMES III	1.2 NAME	
STREET ADDRESS	510 WHITNEY AVE #A-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDERMOTT, JAMES IV	2.2 NAME	
STREET ADDRESS	510 WHITNEY AVE #A-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, JOHN III	3.2 NAME	
STREET ADDRESS	510 WHITNEY AVE #A-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	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	

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*****165.00**

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]* **James MacDermott III** **4/23/97** **561-583-1221**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)