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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000029895 (4) DOCUMENT #

MACPHEE ENTERPRISES, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			.818 18181 18149 (818) 9701 (88)
C/O KENNETH B. MACPHEE C/O KENNETH B. MACPHEE					
		558 SW VIOLET AVE. PORT ST. LUCIE FL 349	183	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified		
				04/01/1997	
· ·	Place of Businoss	2a. Mailing Address	(1)	4. FEI Number	Applied For
21 Suito Ant	554 SW Viole7 Av	26 554 30	U VioleT AUE	<u> 65 0 448 / 74</u>	Not Applicable
Suite, Apt. #, efc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cilyn State 0		6. Election Campaign Financing	\$5.00 May Be
23 Port Si Juge FL		28 Port St June 1-1-		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible
24 349		29 54983	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent MACPHEF KENNETH R 81 Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
558 SW VIOLET AVE				Ben and Bevert	Mac Phee
PORT ST. LUCIE FL 34983			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	2.0
PURI ST. LUCIE FL 34983					ove.
			84 City	Port St. Sune Fl	85 Zip Codo 3 4 9 4 3
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statut	tes, the above-named corp	oration submits this statement for the nurness	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, Specion 607.0505, Florida Statutes.					
SIGNATURE	Ken and	131001	Machhy	1-01	5 8. 15.58
	Signature, typed or preted name of registered agent		F. Begistered Agent signature require		<u>, , , , , , , , , , , , , , , , , , , </u>
12.	OFFICERS AND I	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	President	-	1.1 TITLE		L Change L Addition
STREET ADORESS	Beunty Mar Phee	T. A. 15	1.2 NAME		
CITY-ST-ZIP	554 Sty Ciole	34183	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	Vice President	DELETE	2.1 TITLE		Change Addition
NAME	Ken- MacPhie		2.2 NAME		
STREET ADDRESS	SSY SWUIGHT	die	2.3 STREET ADDRESS		
CITY-ST-ZIP	Port St Jude	FC 34913	2. 4 CITY- ST-ZIP		Ì
IITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP		Character Transport
TITLE NAME		TT DETER	4.1 TITLE		Change Addition
			4. 2 NAME		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS : 4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		C ontaining C notained.
STREET ADDRESS			5.3 STREET ADDRESS		ł
CITY-ST-ZIP	_		5.4 CHY-ST-ZIP		
TITLE		DELE te	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHTY - ST - ZIP		
14. I hereby certify that the information supplied with this filling doos 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 attactment with an address.					