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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700065633

Corporation Name

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90032 020 \*\*\*150.00

THE MA	CHINERY CENTER, INC.					<b>Falis a</b> n sh <b>a na</b> nk n <b>an</b> in <b>ar</b> shi	11::: 11::: 11:::		
Principal Place	e of Business	Mailing Address			} ''				
10100 W SAMPLE RD. STE 201 10100 W SAMPLE RD. STI			<b>: 201</b>						
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065					ļ	DO NOT W	RITE IN TH	IS SPACE	
, !	•				3. Date in	corporated or Qualife			
	• •				07/29	/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Nu		-	Ap	plied For
21		26			65-07	74116			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired		\$8.75	
22	· · ·	27						Fee Re	
City & Stat	e .	City & State			<del>-</del>	n Campaign Financin und Contribution	g 🗆	\$5.00 Added t	
Zip	Country		Country	,		rporation owes the co	urrent was I		0 1 663
24	25 Country	<u> </u>	30			orporation owes the cital Property Tax.	mon year	∏ Yes	□No
	g. Name and Address of Curren		<del></del> -			and Address of Nev	Registere	d Agent	
			81	Name					
	in, richard		82	Street A	Address (P.O. Box	Number is Not Acce	ntable)		
	00 W SAMPLE RD, STE 201		02	Ollocia	1001030 (i .O. DOX		,,		
COR	IAL SPRINGS FL 33065		83						
			84	City	· · · · · · · · ·	<del></del>		. 85 Zip (	Code
A .			'				<u>. F</u>	L	
11. Pursuant office or r	to the provisions of Sections 69 0502 egistered agent, or both in the state	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the above	e-named of the corpo	corporation submi eration's board of o	s this statement for the tirectors. I hereby according to the state of	ne purpose cept the app	of changing its pointment as re-	registered gistered
11. Pursuant office or r agent. I a	to the provisions of Sections 67 050; registered agent, or both to the obligation familiar with and some of registered agent.	nt and title if applicable. (NOTE: I	Registered Ager		equired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed pame of registered agen	nt and title if applicable. (NOTE: I	Registered Ager		equired when reinstating)	is this statement for the directors. I hereby account to the control of the contr	DATE	AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, byped or printed pame of registered agen OFFICERS AN	nt and title if applicable. (NOTE: I	13.		equired when reinstating)		DATE		
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14. I 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone

R2E034 (11/98)