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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000067910

1. Corporation Name

MAC PHAN, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90261 037 ***150.00



Principal Place	e of Business	Mailing Address							
5528 20TH STR	EET WEST	5528 20TH STREET WEST				į.			
BRADENTON FL		BRADENTON FL							
US						DO NOT WRITE	E IN THIS	SPACE	1
						3. Date incorporated or Qualifed 08/04/1997			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
<u> </u>		26 5 am &				65-0776630		<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				00 0170000	_		Additional
	r, etc.	<u> </u>				5. Certifcate of Status Desired		Eee Re	I
City & State		City & State				a Floring Committee Circumstance			
23		— ·				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	•
	Country	28 Zip	Cour	ntn/				_	10 1 003
Zip	´	_ 	_	шу		8. This corporation owes the current	nt year inta	ingible ∐Yes	□No
24	25		0			Personal Property Tax. 10. Name and Address of New Re	nistored A		
	9. Name and Address of Current	t Kegisterea Agent		81	Name _	10. Name and Address of New Re	gistered r	dent	
EDG	INGTON, PATRICIA		- 1	٠ ١	71	am o			
	20TH STREET WEST		1	82	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)		
BHAL	DENTON FL 34207			83				_	
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the ab	ove-r	named corpo	ration submits this statement for the p	urpose of	hanging its	registered
l office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	horized	by th	e corporatior	n's board of directors. I hereby accept	the appoin	tment as re	gistered
SIGNATURE									{
Signature, typed or printed name of registered agent and title if applicable. (NOTE			Registered /	Agent si	ignature required	when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	_	
12.	D	D DIRECTORS	13.	LE		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO ☐ Change	DRS IN 12
<u> </u>			_			ADDITIONS/CHANGES TO OFF	ICERS AN	_	
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TITLE NAME STREET ADDRESS	D MACDONALD, JOHN		1.1 TITE 1.2 NA/ 1.3 STF	ME		ADDITIONS/CHANGES TO OFF	ICERS AN	_	
TITLE NAME	D Macdonald, John 220 Donohoe Street		1.1 TITE 1.2 NA/ 1.3 STF	ME REETAL Y-S <u></u> T-Z		ADDITIONS/CHANGES TO OFF	ICERS AN	_	
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CITY-ST-ZIP 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 his 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 officer like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: