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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P97000074914</b>			
1. Corporation Name <b>MACEDO ITS CORPORATION, INC.</b>			
Principal Place of Business <b>7828 GLEN GARY LANE DELRAY BEACH FL 33446</b>		Mailing Address <b>7828 GLEN GARY LANE DELRAY BEACH FL 33446</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>PERRY, STEVEN L 1 SW OSCEOLA ST, SUITE 2 STUART FL 34994</b>		10. Name and Address of New Registered Agent 81 Name <b>HERBERT N. SEPNER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7828 GLEN GARY LANE</b> 83 84 City <b>DELRAY BCH</b> FL 85 Zip Code <b>33446</b>	
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 agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE <i>Herbert N. Sepner</i> 1/22/99 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <b>DP SEPNER, HERBERT N</b> STREET ADDRESS <b>7828 GLEN GARY LANE</b> CITY-ST-ZIP <b>DELRAY BEACH FL 33446</b> TITLE <input type="checkbox"/> DELETE NAME <b>DVP IZZO, THOMAS</b> STREET ADDRESS <b>1041 SE SEAGRASS AVE.</b> CITY-ST-ZIP <b>PT. ST. LUCIE FL 34983</b> TITLE <input type="checkbox"/> DELETE NAME <b>PST TACK, JAMES</b> STREET ADDRESS <b>1600 HOWARD PL.</b> CITY-ST-ZIP <b>BALDWIN NY 11510</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)