

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90019 001 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000031127**

1. Corporation Name  
**JAMIE D. MACKRELL, INC.**



Principal Place of Business 4990 S.W. 119TH AVENUE COOPER CITY FL 33330	Mailing Address 4990 S.W. 119TH AVENUE COOPER CITY FL 33330
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc. 1109 SW 44 Way		26 1109 SW 44 Way	04/02/1998	65-0832086	Not Applicable
City & State Deerfield Beach		27 Deerfield Beach	5. Certificate of Status Desired		\$8.75 Additional Fee Required
Zip FL 33442		28 Deerfield Beach	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Country USA		29 FL 33442	30 USA		8. This corporation owes the current year Intangible Personal Property Tax.
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIEDRA ORLANDO 5394 S.W. 119TH AVE. FT. LAUDERDALE FL 33330		81 Name Jamie MacKrell	82 Street Address (P.O. Box Number is Not Acceptable) 1109 SW 44 Way
		83	84 City Deerfield Beach FL FL
			85 Zip Code 33442

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, 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, Section 607.0505, Florida Statutes.

SIGNATURE Jamie D. MacKrell, President DATE 4-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STP <input type="checkbox"/> DELETE	1.1 TITLE	Sec & Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKRELL, JAMIE D	1.2 NAME	Mackrell Jamie S,P
STREET ADDRESS	4990 S.W. 119TH AVENUE	1.3 STREET ADDRESS	1109 SW 44 Way
CITY-ST-ZIP	COOPER CITY FL 33330	1.4 CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Robert E. Laguna
STREET ADDRESS		2.3 STREET ADDRESS	1109 SW 44 Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: Jamie D. MacKrell, President DATE 4-3-99 (954) 420-0793

CR2E034 (1/198)