

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S38498**

(9)

1. Corporation Name

T. MACK & ASSOCIATES, INC.



Principal Place of Business

**7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433**

Mailing Address

**7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433**

3. Date Incorporated or Qualified
03/14/1991

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0250383

Applied For
Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALSER, THOMAS C.
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.012 and 607.15(6), 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 607.009, Florida Statutes.

SIGNATURE

Signature (typed, printed, or stamped name of agent)

Agent (typed, printed, or stamped name of agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
D	MCCORMACK, THOMAS	7015 BERACASA WAY, #201	BOCA RATON FL	☐
D	DEGRADO, RONALD	7015 BERACASA WAY #201	BOCA RATON FL	☐
☐				☐
☐				☐
☐				☐
☐				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. ☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 3(b)(4), Florida Statutes. I further certify that the information included 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, the registered agent 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.

SIGNATURE:

Thomas McCormack THOMAS MCCORMACK

8/6/96

561-969-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (12/95)