## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # \$46518** 

(4)

MACKEE	n Name , INC	" <b>0-100</b> i		( ' /							
Principal Plac 800 49TH STRE ST. PETERSBUI US	ET NORTH		P.O. BO	Mailing Address P.O. BOX 14448 ST. PETERSBURG LF 33733-4448			+ 1001UF(1 1)F \$4840	gidol gitte Hudi 1814	UIDII DIRII (II	III BIBH BIBH (	DI DI 1001
us			US				3. Date Incorporat 04/19/1991	ed or Qualified		e of Last R 7/1996	eport
2. Principal Place of Business			2a. Mai	2a. Mailing Address			4. FEI Number			Ar	oplied For
Suite Apt. #, etc			26	Suite, Apt #, etc.			59-3068848	<u>,                                    </u>			ot Applicable
22 Suite Apr.	#, etc		27	e Apr # elc.			5. Certificate of St.	atus Desired		\$8.75 / Fee Re	Additional equired
City & Stat	e			& State			6. Election Campa	ign Financing	······	\$5.00	May Be
23			28				Trust Fund Con	tribution		Added	
Zip <b>24</b>		Country 25	Zıp <b>29</b>		Countr 30	y 	8. This corporation Florida Statutes	[	Yes [	] No	. 199.032,
4 401		and Address of Cu	irrent Registered	d Agent	81	Name	10. Name and Add	ress of New Re	gistered A	gent	******
	KEEVER, MK				82						
800 49TH STREET NORTH St. Petersburg Fl 33710						! Street At	ddress (P.O. Box Number	is Not Acceptal	DIB)		•
• • • • • • • • • • • • • • • • • • • •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83				············		
					84	City			FL	<b>85</b> Zip	Code
11. Pursuant office or r agent 1	to the provis registered ac m familiar w	sions of Sections 607 gent, or both, in the S ith, and accept the o	.0502 and 607 15 State of Florida. S obligations of, Sec	508, Florida Statu luch change was ction 607.0505, Fl	tes, the above authorized b lorida Statute	re-named c by the corpo	orporation submits this st oration's board of director	atement for the particles. I hereby acce	purpose of pt the appo	changing it sintment as	ts registered registered
SIGNATURE	11/	charlo.	, WEKT	ever MK	CHAEL (	3. <b>M</b> eH	efver hafsid	FNT	1-6-	97	
SIGNATURE	Stgnative typic	OFFICERS	o agriss and title if appl S AND DIRECTOR	ever Mk	CHAEL (	3. <b>M</b> eH	FYFR WFSLD rquired when reinstating) ADDITIONS/CHA	NGES TO OFFI	DATE CERS AND	97 DIRECTOR	RS IN 12
	DPS	OFFICERS		ever Mk	CHREL ( IE: Registered Ag	3. <b>M</b> eH		NGES TO OFFI		97 DIRECTOF Change	RS IN 12
12.	DPS MCKEEV	OFFICERS <b>ER, MICHAEL</b>		ever Mk kalala. (NO) RS	CHREL TE: Registered Ag 13.	5.W=K gent signature ra		NGES TO OFFI			
12. TITLE NAME STREET ADDRESS.	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		ever Mk RS (NO)	TE Registered As  13.  1.1 TITLE  1.2 NAME  1.3 STREE	Jent signature ra		NGES TO OFFI			
12. TITLE NAME STREET ADDRESS- CITY-ST-ZIP	DPS MCKEEVE 6699 90T	OFFICERS <b>ER, MICHAEL</b>		ECENTAL (NOT	TE: Registered As  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-	Jent signature ra		FWT INGES TO OFFI		<u>Change</u>	Addition
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		ever Mk RS (NO)	TE: Registered A:  13.  1.3 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE	T ADDRESS ST-ZIP		FWT INGES TO OFFI			
12. THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		ECENTAL (NOT	1E: Registered A;  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME	T ADDRESS ST-ZIP		FWT INGES TO OFFI		<u>Change</u>	Addition
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		ECENTAL (NOT	1E: Registered A;  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME	T ADDRESS ST-ZIP		FWT NGES TO OFFI		<u>Change</u>	Addition
12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		ECENTAL (NOT	11. Registered As  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP		FWT INGES TO OFFI		<u>Change</u>	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CELETE  DELETE	11- Requisioned As  13- 13- 111LE  12- NAME  13- STREE  14- GIFY-  21- TITLE  22- NAME  23- STREE  24- CITY-  31- TITLE  32- NAME	T ADDRESS ST-ZIP  IT ADDRESS ST-ZIP		FUT		Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CELETE  DELETE	1E: Requisioned A <sub>2</sub> 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP		FUT INGES TO OFFI		Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CALETE  DELETE  DELETE	11- Requisioned As  1- 13- 11- 11- 12- NAME  1- 3- STREE  1- 4- CITY-  2- NAME  2- 3- STREE  2- 4- CITY-  3- 1- TITLE  3- NAME  3- 3- STREE  3- 4- CITY-  3- 1- STREE  3- 1- S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS -ST-ZIP		FWT NGES TO OFFI		Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CELETE  DELETE	11- Requisioned As  13- 11- TITLE 12-NAME 13- STREE 14- CITY- 21- TITLE 22- NAME 23- STREE 24- CITY- 31- TITLE 32- NAME 33- STREE 34- CITY- 41- TITLE	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		FUT INGES TO OFFI		Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CALETE  DELETE  DELETE	11- Registered As  1- 13- 11- 11- 11- 12- NAME  1- 2 NAME  1- 2 NAME  2- 3 STREE  2- 4 CITY  3- 1 TITLE  3- 2 NAME  3- 3 STREE  3- 4 CITY  4- 1 TITLE  4- 2 NAME  4- 4 NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		FUT INGES TO OFFI		Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CALETE  DELETE  DELETE	11- Registered As  1- 13- 11- 11- 11- 12- NAME  1- 2 NAME  1- 2 NAME  2- 3 STREE  2- 4 CITY  3- 1 TITLE  3- 2 NAME  3- 3 STREE  3- 4 CITY  4- 1 TITLE  4- 2 NAME  4- 4 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP		FUT		Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		CALETE  DELETE  DELETE	11- Registered As  13- 11- TITLE 12-NAME 13- STREE 14- CITY- 21- TITLE 22- NAME 23- STREE 32- NAME 33- STREE 34- CITY 41- TITLE 42- NAME 43- STREE 43- STREE 44- STREE 44- STREE 45- STREE 46- STREE 46- STREE 46- STREE 47- STREE 48- STREE	T ADDRESS ST-ZIP		FUT		Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		DELETE  DELETE	11- Registered As  13- 11- TITLE 12-NAME 13- STREE 14- CITY- 21- TITLE 22- NAME 23- STREE 32- NAME 33- STREE 34- CITY 41- TITLE 42- NAME 43- STREE 44- CITY-	T ADDRESS ST-ZIP		FUT INGES TO OFFI		Change Change Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		DELETE  DELETE	11. TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 2.4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 51 TITLE 52 NAME 53 STREE 53 STREE 53 STREE 54 STREE 55 STREE 56 STREE 57 STREE 58 STREE	T ADDRESS ST-ZIP		FUT INGES TO OFFI		Change Change Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		DELETE  DELETE  DELETE	11. TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4. 2 NAME 4.4 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 51 TITLE 52 NAME 53 STREE 54 CITY	T ADDRESS ST-ZIP  IT ADDRESS ST-ZIP		FUT		Change Change Change Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPS MCKEEVE 6699 90T	OFFICERS ER, MICHAEL 'H AVE. NORTH		DELETE  DELETE	11. TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 2.4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 51 TITLE 52 NAME 53 STREE 53 STREE 53 STREE 54 STREE 55 STREE 56 STREE 57 STREE 58 STREE	T ADDRESS ST-ZIP  IT ADDRESS ST-ZIP		FUT		Change Change Change	Addition  Addition  Addition

14. To bereby 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 girector 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.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED VALUE OF SIGNATURE OF SIGN

Dayting Phone #

**FILED** 

Jan 16 1997 8:00am

Secretary of State