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PROFIT CORPORATION ANNUAL REPORT

1997



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SIGNATURE: Dans A Mulo

FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$55742

(8)

MAC DISTRIBUTORS OF THE PALM BEACHES, INC.

Principal Place of Business Mailing Address 16766 98TH WAY NORTH 16766 98TH WAY NORTH JUPITER FL 33478-4856 JUPITER FL 33478 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996 05/29/1991 4. FEI Number 2. Principal Place of Business Majling Address Applied For P.O. Gox 65-0264406 Not Applicable 26 21 Suite Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be JUPITER 28 Trust Fund Contribution Added to Fees 23 $Z_{(0)}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 33469-292F USA Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCDOUGALL, JAMES A. 16766 98TH WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 **B3** 64 City Zip Code 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. Signarine type for product name of requirence ages, and tile if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 🔲 DELETÉ 1.1 TITLE Change Addition TITLE MCDOUGALL, JAMES A. 1.2 NAME NAME **16766 98TH WAY NORTH** 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33478 1.4 CITY - ST - ZIP CHY-ST-7P DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 DITY-ST-ZIP City - St - ZIP DELETE Change Addition 31 TITLE THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZP DELETE Change Addition 41 TITLE THE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE Change Addition BULE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE Change ___ Addition THUE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I do 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

JAMES 4 MCOOUNI 215AN96 561-748-6314