

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 # S58460 (4)

1. Corporation Name

SPRY MAC, INC.



Principal Place of Business

Mailing Address

**1160 E. HALLANDALE BCH BLVD
SUITE A
HALLANDALE FL 33009
US**

**SPRYMAC, INC.
1160 E. HALLANDALE BEACH BLVD., SUITE A
HALLANDALE FL 33009
US**

3. Date Incorporated or Qualified
06/11/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business
21 15830 N.W. 83RD PLACE

2a. Mailing Address
26 P.O. BOX 172053

4. FEI Number
65-0267699

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State
23 MIAMI LAKES, FL. 33016

City & State
28 HIALEAH, FL. 33017-2053

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip
24 33016

Country
25 USA

Zip
29 33017-2053

Country
30 USA

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRLEY, MICHAEL
1160 E. HALLANDALE BCH BLVD, SUITE A
HALLANDALE FL 33009**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MCGLASHAN, RUDOLPH A.**
CITY-ST-ZIP **1160 E. HALLANDALE BCH BLVD., SUITE A
HALLANDALE FL**

1.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **RUDOLPH A. MCGLASHAN**
1.3 STREET ADDRESS **15830 N.W. 83RD PLACE**
1.4 CITY-ST-ZIP **MIAMI LAKES, FL. 33016**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **MCGLASHAN, PATRICIA A.**
CITY-ST-ZIP **1160 E. HALLANDALE BCH BLVD, SUITE A
HALLANDALE FL**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **PATRICIA MCGLASHAN**
2.3 STREET ADDRESS **15830 N.W. 83RD PLACE**
2.4 CITY-ST-ZIP **MIAMI LAKES, FL. 33016**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE: *Patricia McGlashan* Patricia McGlashan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96
Date

(305) 824-1933
Daytime Phone #

CR2E034 (12/95)