

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # S58460 (4)

1. Corporation Name
SPRY MAC, INC.



Principal Place of Business

15830 NW 83RD PLACE
SUITE A
MIAMI LAKES FL 33016
US

Mailing Address

P. O. BOX 172053
1160 E. HALLANDALE BEACH BLVD., SUITE A
HIALEAH FL 33017-2053
US

15830 N.W. 83RD PLACE

P.O. BOX 172053

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 MIAMI LAKES, FL.

23 City & State
33016 USA

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 HIALEAH, FL.

28 City & State
33017-2053 USA

29 Zip Country

3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0267699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
SHIRLEY, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)
8551 W. SUNRISE BOULEVARD
83 SUITE 102
84 City
PLANTATION FL 85 Zip Code
33322

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME MCGLASHAN, RUDOLPH A.
STREET ADDRESS 15830 NW 83RD PLACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE P
NAME MCGLASHAN, PATRICIA A.
STREET ADDRESS 15830 NW 83RD PLACE
CITY-ST-ZIP MIAMI LAKES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-21-97

(305) 824-1022

CR2E034 (9/96)