

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S77135** (9)

1. Corporation Name  
**MAC CONTRACTING CORP.**

Principal Place of Business

**1360 N.W. 65TH AVE  
BAY G  
PLANTATION FL 33313  
US**

Mailing Address

**P.O. BOX 15591  
FT LAUDERDALE FL 33318-5591  
US**



3. Date Incorporated or Qualified **08/30/1991** 3a. Date of Last Report **02/02/1996**

4. FEI Number **65-0282555** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business  
21 **1421 NW 65th Avenue**  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 **Plantation FL**

27 City & State

28

24 Zip **33313** 25 Country **US**

29 Zip Country 30

9. Name and Address of Current Registered Agent

**CURRY, MICHAEL J  
1360 N.W. 65TH AVE.  
BAY G  
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name **Curry, Michael J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1421 NW 65th Avenue**  
83  
84 City **Plantation** FL 85 Zip Code **33313**

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

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>P</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>CURRY, MICHAEL</b>             |                                 |
| STREET ADDRESS | <b>1360 N.W. 65TH AVE., BAY G</b> |                                 |
| CITY-ST-ZIP    | <b>PLANTATION FL</b>              |                                 |
| TITLE          | <b>ST</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>CURRY, DEBRA</b>               |                                 |
| STREET ADDRESS | <b>1360 N.W. 65TH AVE., BAY G</b> |                                 |
| CITY-ST-ZIP    | <b>PLANTATION FL</b>              |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                            |  |
|-------------------|----------------------------|--|
| 11 TITLE          | <b>P</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <b>Curry, Michael</b>      |  |
| 13 STREET ADDRESS | <b>1421 NW 65th Avenue</b> |  |
| 14 CITY-ST-ZIP    | <b>Plantation FL 33313</b> |  |
| 21 TITLE          | <b>ST</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | <b>Curry, Debra</b>        |  |
| 23 STREET ADDRESS | <b>1421 NW 65th Avenue</b> |  |
| 24 CITY-ST-ZIP    | <b>Plantation FL 33313</b> |  |
| 31 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                            |  |
| 33 STREET ADDRESS |                            |  |
| 34 CITY-ST-ZIP    |                            |  |
| 41 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                            |  |
| 43 STREET ADDRESS |                            |  |
| 44 CITY-ST-ZIP    |                            |  |
| 51 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                            |  |
| 53 STREET ADDRESS |                            |  |
| 54 CITY-ST-ZIP    |                            |  |
| 61 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                            |  |
| 63 STREET ADDRESS |                            |  |
| 64 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: *Michael J. Curry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

954-581-5805

Daytime Phone #

CR2E034 (9/96)