

2-27-97 N-2384 C
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Feb 27 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 # V14199

(6)

1. Corporation Name

MAC BRIARTY ASSOCIATES, INC.

Principal Place of Business

119 IRIS COURT
ORANGE CITY FL 32763-6178

Mailing Address

119 IRIS COURT
ORANGE CITY FL 32763-6178

2. Principal Place of Business

21 53 Louers Lane
Suite, Apt. #, etc.

22 City & State

23 Madison, CT

24 Zip 06443

25 Country USA

2a. Mailing Address

26 680 Alberta Ave
Suite, Apt. #, etc.

27 #5

28 City & State

29 Sunnyvale, CA

30 Zip 94087

Country USA

9. Name and Address of Current Registered Agent

DAN CASEY
915 POMPANO DR, N
JUPITER FL 33458

3. Date Incorporated or Qualified

02/13/1992

3a. Date of Last Report

04/04/1996

4. FEI Number

06-1034078

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

10. Name and Address of New Registered Agent

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 of registered agent and his name

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PCEO
NAME MCBRIERTY, DOUGLAS B
STREET ADDRESS 25 LAKE VIEW GARDENS
CITY-ST-ZIP NATICK MA

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCEO
1.2 NAME MCBrierty, Douglas B
1.3 STREET ADDRESS 680 ALBERTA AVE., # 5
1.4 CITY-ST-ZIP Sunnyvale, CT 94087

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: Douglas B MCBrierty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/12/97 (402) 733-6773

CR2E034 (9/96)