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 1 7 **DIVISION OF CORPORATIONS**

DOCUMENT # V29286

(4)

MACLER	CAPITAL MANAGEMENT,	INC.				
Principal Place of Business Mailing Address 2401 BAYSHORE ROAD 2401 BAYSHORE ROAD NOKOMIS FL 34275 NOKOMIS FL 34275					* 1921 29909 11215 1921 19319 2111 21211 21311 31511 31511 31511 1931	
					3. Date Incorporated or Qualified 04/13/1992	3a. Date of Last Report 04/04/1996
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0328471	Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	bo	City & State			<u> </u>	Fee Hequired
23 City & State	le .	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	Istered Agent
	T, JOHN M.		81	Name		1
	ART, FORD & SPIVEY, P.A.		82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)
	RINGLING BLVD. SUITE 600		83			
SAK	ASOTA FL 34236		63			
	•		84	City		FL 85 Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli	02 and 607.1508, Florida Statute te of Florida. Such change was a gations of, Section 607.0505, Flor	es, the above uthorized by rida Statutes	-named corp the corporati	oration submits this statement for the puion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATIONE	Signature Types or printed can c of registered a		Registered Ager	nt signature requir	ed when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D DELETE MACLER, HENRY H.		1.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	2401 BAYSHORE ROAD		1.2 NAME 1.3 STREET	*000000		
CITY - ST - ZIP	NOKOMIS FL			i		
FILE	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME			Change Addition
NAME						<u> </u>
STREET ADDRESS			23 STREET	ADDRESS		
CITY ST-ZIP			2 4 CITY-S	1		re Le sur
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREET	ADDRESS		
City - ST - 7IP		A PLANE	3.4 CITY-S	T- ZIP		
THE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STHEFT ADDRESS			4.3 STREET	·		
CITY - ST - ZIP		DELETE	4.4 CITY-ST	I-ZIP		Change Addition
111.E Mame		ריז מנרכונ	5.1 TITLE 5.2 NAME			The protection The Addition
NAME STREET ADDRESS			5.3 STREET	ADADECC		
CITY - ST - ZVP			5.3 STREET			
TILE		DELETE	6.1 FITLE	- 417		Change Addition
NAME		Normal	6.2 NAME			4.
STREET ADDRESS			6.3 STREET	ADDRESS		
J in C. Atministr			4.5 OTTICE 1			

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

SIGNATURE:

Lam an officer or director of the cappears in Block 12 or Block 13

FILED

Apr 11 1997 8:00am

Secretary of State