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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

MACE	RO GROUP INC.				
				I JADIS APADIA ARAN BAIRA IBILA ARAN I	idir digir Sidir didir didir didir didir iddi
Principal Plac	ce of Business	Mailing Address		i ioonii oliikile diinii obilat lohila kolot i	ikts brais aton onoit biats blost andit (1.0)
1899 UNIVERSITY DR		1999 UNIVERSITY DR			
STE 405		STE 405			
CORAL SPRINGS FL 33071 US		CORAL SPRINGS FL 33071 US		DO NOT WRITE	IN THIS SPACE
03		05		3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		08/31/1992 4. FEI Number	1 1 1 2 2 2
21	Tado of Examinado	26 26			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0353699	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has pai	
24	25		30	Personal Property Tax due June	
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	pistered Agent
В	RAUTH, MICHAEL S.		81 Name		
8515 N.W. 50TH DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
CORAL SPRINGS FL 33067				, , , , , , , , , , , , , , , , , , ,	
			83		
			84 City		85 Zip Code
			1 1		
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the proofs board of directors. I hereby accep	urpose of changing its registered
agent. I a	im familiar with, and accept the obl	igations of, Section 607.0505, Flor	rida Statutes.	or a board or directors. Thereby accep	t the appointment as registered
SIGNATURE					
40	Signature, typed or printed name of registered a	IGENT and title if applicable (NOTE IND DIRECTORS	Registered Agent signature require		DATE
TITLE	P	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	
NAME	BRAUTH, MICHAEL S		1.2 NAME		L Change L Addition
STREET ADDRESS	8515 NW 50 DR		1.3 STREET ADDRESS		
CATY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	CONTRO OF THE CONTROL OF THE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		- ·	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		[
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		l
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ſ
STREET ADDRESS			5.3 STREET ADDRESS		
CFTY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
PITY_CT_7ID			B 4 6 55 1 67 7 7 7		

14. I hereby certify that the information supplied with this filing does not qualify for the examplion 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 13 if chapter, or on an attachment with applicates.

FILED

Apr 13 1998 8:00am

Secretary of State