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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V68611 (5)

JOHNNY MACK ENTERPRISES, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Plac	e of Business	Mai	iling Address				***************************************				
	264TH STREET		1500 S.W. 264TH STRI	EET							
HOMESTEAD	FL 33031	HK	OMESTEAD FL 33031					DO NOT WE	DITE IN TH	IC CDACE	
						-	3. Date Incorpor			S SPACE	1
							10/05/199		50		
2. Principal P	Place of Business	20.	Mailing Address			-	4. FEI Number	,,,			Applied For
21 1900 N. Krome Ave.			26 1900 N. Krome Ave.				65-0366	557		I	Not Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.			-		•			Additional
22	,	27	,				5. Certificate of	Status Desired			Required
City & Stat	8		City & State				6. Election Cam	naign Financin	α	\$5.00	0 May Be
23 Homest	ead, FL	28	Homestead,	FL			Trust Fund Co		ື □		to Fees
Zip	Country		Zip	Cou	ntry		8. This corporati	ion owes or has	s paid the	current year l	ntangible
24 33030	25 USA	29	33030	30 US	A		Personal Prop	erty Tax due J	une 30.	Yes	□Ño
	9. Name and Address of Cu	urrent Regist	ered Agent			,	10. Name and A	ddress of New	Registere	d Agent	
EA	KER, JOHNNY M.				B1 Name		(1				
21	500 S.W. 264TH STREET				82 Street	- SUSE - Address	an Childer s (P.O. Box Numb	er is Not Accer	ntable)		
HC	D MÉS TEAD FL 33031				Oli Oct		N. Krome		plubloy		
					83						
					84 City					. 85 Zir	Code
					City	Home	estead		F		3030
11. Pursuant	to the provisions of Sections 607	.0502 and 60	7.1508, Florida Statu	tes, the al	ove-named	dicorpora	ation submits this	statement for th	he purpose	of changing	its registered
office or r	registered agent, or both, in the Similar with, and accept the o	State of Florida obligations of	a. Such change was Section 607.0505, Fl	authorized Iorid <u>a</u> Stat	t by the cor utes.	rporation	's board of directi	ors. I hereby ac	ccept the a	ppointment a	s registered
SIGNATURE	Susan Childers	≲ررہ	(ozu) (l	. 0 -	سره 🕽	9			4_	16-9	8
Oldminiona	Signature, typied or printed name of registere			TE Registered			vhen reinstating)		DATE		
											
12.		S AND DIREC		13.			ADDITIONS/CH	HANGES TO O	FFICERS A		
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	D EAKER, JOHNNY M.					Susa	an Childer	.*S	FFICERS A		
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STREET ADDRESS

CITY-ST-ZIP

14. I 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 ennual 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.