

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

**FILED**  
**Jan 28 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION ANNUAL REPORT

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

1997-1-28-97 B-0903 C

**DOCUMENT # F94000005503 (7)**

1. Corporation Name  
**MACKER RETAIL CORPORATION**



Principal Place of Business  
**820 MONROE AVE NW #222  
 GRAND RAPIDS MI 49503**

Mailing Address  
**820 MONROE AVE NW #222  
 GRAND RAPIDS MI 49503-1442**

3. Date Incorporated or Qualified **10/24/1994** 3a. Date of Last Report **08/16/1996**

2. Principal Place of Business  
 21 **3055 Lake Eastbrook SE** 26 **3055 Lake Eastbrook SE**

4. FEI Number **38-3155875** Applied For Not Applicable

22. Suite Apt # etc. 27. Suite Apt #, etc.

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

23. City & State **Kentwood, MI** 28. City & State **Kentwood, MI**

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

24. Zip **49512** 25. Country **USA** 29. Zip **49512** 30. Country **USA**

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNEAL, SCOTT W</b>	
STREET ADDRESS	<b>1501 KENWOOD</b>	
CITY- ST- ZIP	<b>BELDING MI 48809</b>	
TITLE	<b>CEOT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIMBALL, MARK A.R.</b>	
STREET ADDRESS	<b>2590 SANTIAGO SE</b>	
CITY- ST- ZIP	<b>GRAND RAPIDS MI 49546</b>	
TITLE	<b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCNEAL, MITCHELL A</b>	
STREET ADDRESS	<b>425 WOODLAND</b>	
CITY- ST- ZIP	<b>BELDING MI 48809</b>	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>9738 River Road</b>	
3.4 CITY- ST- ZIP	<b>Greenville, MI 48838</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Mitchell A. McNeal* 1/15/97 (616) 458-3030  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)