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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90054 024 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$10447

MACRAE'S OF HOMOSASSA, INC.

WHOTHE	S OF HOMOSASSA, INC.	·								
Principal Place	of Business	Mailing Address	•			·				
5300 S. CHEROK	•	5300 S. CHEROKEE WAY				ļ				
P.O. BOX 318		P.O. BOX 318 HOMOSASSA FL 34487			DO NOT WRITE IN THIS SPACE					
HOMOSASSA FL 34448		US				3. Date Incorporated	or Qualifed			
US		00				10/31/1990				
5 D :	ace of Business	2a. Mailing Address				4. FEI Number			<u> </u>	lied For
2. Principal Pia	ICE Of Dusiness	26				59-3038991		· · ·	\$8.75 A	Applicable
Suite, Apt. #	t etc	Suite, Apt. #, etc.			_	5. Certifcate of Status	s Desired		Fee Rec	١,
		27			<u> </u>			<u> </u>	\$5.00	
City & State		City & State				6. Election Campaign Trust Fund Contrib			Added to	
23	·	28				8. This corporation o		rent year Int		
Zip	Country	Zip	Cour	nıry		B. This corporation of Personal Property	Tax.		Yes	XNo
24	25	1-01	30			10. Name and Addre	ss of New	Registered	Agent	
	9. Name and Address of Current	Registered Agent	-	81 1	Name					}
	DATE IS ALEVANDED						Not Assert	hoblo)		
MAUI MAGROO	RAE, J. ALEXANDER S. CHEROKEE WAY			82 5	Street Addre	ess (P.O. Box Number is	NOL ACCEP	nggrades erfic	V 540 C1201 6:4/1 /	namar rica.
	IOSASSA FL 34448			83		141,111,11	1 (11 11)			THE PARTY OF
пом	103A33A FL 34440			oxdot		117,411,312	(1941 - 5 91)	ist les ciali	85 Zip C	Code
		•			City			· FL	11	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida Suich change was 80	is, uio ai ithorized	L book the	o corporatio	on's board of directors. I	hereby acco	apt the appo	intment as re	gistered
Office of 16	egistered agent, or oout, in the oldicati	ons of Section 607.0505, Flor	ida Stati	utes.	le corporatio					1
i Clagent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State or marmiliar with, and accept the obligation	ons of, Section 607.0505, Flor	iua oian	4100.				_	.	
iiCl*agent. I ai	m familiar with, and accept the obligati	and title if applicable. (NOTE:	Registered	4100.		d when reinstation)		DATE		<u> </u>
iiCl*agent. I ai	egistered agent, of Jour, in the designation familiar with, and accept the obligation familiar with a signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered	Agent s		d when reinstating)		DATE		<u> </u>
HOP agent I al	in familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered	Agent s		d when reinstation)		DATE	ND DIRECTO	ORS IN 12
101 agent. I al SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND DP MACRAE, J. ALEXANDER	and title if applicable. (NOTE:	Registered 13. 1.1 Tl	Agent s	signature require	d when reinstating)		DATE	ND DIRECTO	ORS IN 12
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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 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 by en an attachment with an address, with all other like empowered.