

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **538779** (0)

1. Corporation Name

MALL SERVICES, INC.



Principal Place of Business

Mailing Address

P O BOX 470814
CHARLOTTE NC 28247

P O BOX 470814
CHARLOTTE NC 28247

3. Date Incorporated or Qualified
07/07/1977

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 2104**

26 **P.O. Box 2104**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
TARPON SPRINGS, FL.

27 City & State
TARPON SPRINGS, FL.

24 Zip
34688

25 Country
USA

29 Zip
34688

30 Country
USA

4. FEI Number

59-1746035

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEHL, MARY
3555 91ST AVE
PINELLAS PARK FL 34666**

81 Name
CHRISTINE VACCARO-SMITH

82 Street Address (P.O. Box Number is Not Acceptable)
525 APPALOOSA RD.

83

84 City
TARPON SPRINGS

FL

85 Zip Code
34689

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

Christine Vaccaro-Smith

Signature typed or printed name of registered agent and the filer, parallel

(NOTE: Registered Agent's signature required when reappointing)

2/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VACCARO, MARIE
3083 OAK CREEK DR. N.
CLEARWATER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FEHL, MARY
3555 91ST AVE
PINELLAS PARK FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

**SECRETARY
CHRISTINE VACCARO-SMITH
525 APPALOOSA RD.
TARPON SPRINGS FL. 34689**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Christine Vaccaro-Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE VACCARO-SMITH

2/25/96

DATE

(813) 844-3604

Daytime Phone #

CR2E034 (12/95)