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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 598885

(2)

MAHVH	O ASSOCIATES, INC.								
Principal Plac	e of Business	Mailing Address	······································			- I TOBIUI ULIYA FULUF TURUF LIRADI HATAL ULIL	B(Bil £101) B	.1814 BIBII Bib i	i Bibit ibbi
2821 NE 40TH FT LAUDERDA		2821 NE 40TH ST FT LAUDERDALE FL 333	08-5740						
						3. Date Incorporated or Qualified 12/29/1978		te of Last F 01/1996	?eport
2. Principal F	lace of Business	2a. Mailing Address		-		4. FEI Number	<u></u>	A	pplied For
21		26				59-1946842		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	le	City & State	·····		 	6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip .	Cou	ntry		8. This corporation has liability for i	intangible		
24	25	29	30] No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	gistered /	\gent	
	HULMAN, MARVIN			81	Name				
2821 NE 40TH ST				82 3	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
FT	LAUDERDALE, FL JLFL 33308								
				83					
				84 (City			85 Zip	Code
					J.1.j		FL	03 Zip	OOG6
11. Pursuarit office or r agent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida Such change was ations of, Section 607.0505, F	ites, the at authorized lorida Stat	bove-n d by th utes.	named corpo ne corporatio	oration submits this statement for the pon's board of directors. I hereby accept	urpose of at the appo	changing it ointment as	ts registered registered
SIGNATURE	Signature: typed or printed name of registered ag-	ent and title if applicable (NC	TF: Registered	Apent :	sionature required	d when reinstating)	DATE		
12.		D DIRECTORS	13.	a regionit	Agrana o radan o	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	STD	☐ DELETE	1.1 10	TLE				Change	Addition
NAME	SCHULMAN, RHONA		1.2 NA	ME				_	
STREET ADORESS	2821 N E 40 STREET		1.3 ST	REET AD	DRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP		IP				
TITLE	PD DELETI			2.1 TITLE				Change	Addition
NAME	SCHULMAN, MARVIN		2.2 NA	2.2 NAME		•			
STREET ADDRESS	2821 N E 40 STREET		2.3 STRE		ORESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY-\$1-		ZIP				
TITLE	VD	DELETE	3.1 713	LE				Change	Addition
NAME	SCHULMAN, HOWARD		3.2 NA	ME					
STREET ADDRESS			3 3 ST	3 3 STREET ADDRESS					
CHY-ST-ZIP	FT LAUDERDALE, FL 00000		3.4. CI	ITY-\$T-	ZIP				
TOTLE		DELETE	4.1 117	TLE				Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 ST	REET AD	DRESS				
City-St-ZiP		······································	4.4 CI	TY-\$1-2	tiP .				
TITLE		☐ DELETE	5.1 111	TLE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET AD	DRESS				
CITY - ST - ZIP				TY-57-2	nP .				
7171.6		DELETE	6.1 TIT	ΓLE	Ī			Change	Addition
NAME			6.2 NA	ME	1				
STREET ADDRESS			6.3 ST	REET AD	DRESS				
C(TY - S1 - ZIP			6.4 CH	TY-ST-2	nP				

SIGNATURE:

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.

Daytime Phone •

FILED

Apr 08 1997 8:00am

Secretary of State