FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:45

DOCUMENT # **685168** **(7)**

1. Corporation Name
THE MAUCK CORPORATION

Principal Place of Business	Mailing Address
16201 SW 95TH AVE (MIAMI, FL 33157) PO BOX 991 HOMESTEAD FL 33090-0991	16201 SW 95TH AVE (MIAMI, FL 33157) PO BOX 991 HOMESTEAD FL 33090-0991

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1980
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-2026615 ☐ 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

MAUCK, ALGIE E.
32425 S.W. 202ND AVE.
HOMESTEAD FL 33030

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
Signature, typed or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when manually signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE		☐ Change ☐ Addition
NAME	MAUCK, GERALDINE	12 NAME		
STREET ADDRESS	32425 SW 202 AVENUE	13 STREET ADDRESS		
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	MAUCK, ALGIE E	22 NAME		
STREET ADDRESS	32425 S W 20IND AVE	23 STREET ADDRESS		
CITY ST ZIP	HOMESTEAD FL	24 CITY ST ZIP		
TITLE	VP	31 TITLE	VP	☒ Change ☐ Addition
NAME	MAUCK, JONATHAN P	32 NAME	Mauck, Jonathan P.	
STREET ADDRESS	10501 SW 200 TERRACE	33 STREET ADDRESS	10501 SW 200th Terrace	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, Florida 33189	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	Michael F. Mauck	
STREET ADDRESS		43 STREET ADDRESS	10501 SW 200th Terrace	
CITY ST ZIP		44 CITY ST ZIP	Miami, Florida 33189	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: ALGIE E. MAUCK Algie E. Mauck 1/10/95 (305) 238-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420506 FP