

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 685168 (7)

THE MAUCK CORPORATION

Principal Place of Business

Mailing Address

12651 SOUTH DIXIE HIGHWAY
SUITE 307
MIAMI FL 33156

P. O. BOX 991
HOMESTEAD FL 33090-0991



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

08/25/1980

3a. Date of Last Report

01/17/1995

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 Michael F. Mauck
82 Street Address (P.O. Box Number is Not Acceptable)
10501 S.W. 200th Terr.
83
84 City Miami FL 85 Zip Code 33189

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

Michael F. Mauck
Signature, typed or printed name of registered agent and title, if applicable

Michael F. Mauck - President

7/13/96

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME MAUCK, GERALDINE
STREET ADDRESS 32425 SW 202 AVENUE
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

TITLE DP
NAME MAUCK, ALGIE E
STREET ADDRESS 32425 S W 202ND AVE
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

TITLE VP
NAME MAUCK, JONATHAN P
STREET ADDRESS 10501 SW 200 TERRACE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE VP
NAME MAUCK, MICHAEL A
STREET ADDRESS 10501 SW 200TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

4.1 TITLE (P)
4.2 NAME Mauck, Michael F.
4.3 STREET ADDRESS 10501 S.W. 200th Terr
4.4 CITY-ST-ZIP Miami FL 33189 ☒ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael F. Mauck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E034 (3/96)