

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000546 (0)

1. Corporation Name

CONI MACH & ASSOCIATES, INC.



Principal Place of Business

1489 LANDINGS LAKE DR.
SARASOTA FL 34231

Mailing Address

1489 LANDINGS LAKE DR.
SARASOTA FL 34231

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FLE Number

76-0006318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KING, CLIFFORD M
100 WALLACE AVENUE
SUITE 380
SARASOTA FL 34237

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

Signature of officer or director of corporation (if not applicable)

Signature of Agent (if not applicable when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

MACH, CONSTANCE A

STREET ADDRESS

1614 STARLING DR.

CITY-STATE-ZIP

SARASOTA FL 34231

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PRESIDENT

☒ Change

☐ Addition

12. NAME

CONSTANCE A. MACH

13. STREET ADDRESS

1489 LANDINGS LAKE DR.

14. CITY-STATE-ZIP

SARASOTA, FL 34231

2. TITLE

SECRETARY

☐ Change

☒ Addition

22. NAME

CONSTANCE A. MACH

23. STREET ADDRESS

1489 LANDINGS LAKE DR.

24. CITY-STATE-ZIP

SARASOTA, FL 34231

3. TITLE

NAME

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

NAME

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

NAME

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

NAME

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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)(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:

Constance A. Mach, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONSTANCE A. MACH

1/26/96

941-922-2240

DAY

DAYTIME PHONE #

CR2E034 (12/95)