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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002733 (1)

1. Corporation Name
ROBERT O. MAHLMAN, INC.



Principal Place of Business
**350 BOB WHITE DR.
SARASOTA FL 34236**

Mailing Address
**350 BOB WHITE DR.
SARASOTA FL 34236-1812**

3. Date Incorporated or Qualified **05/30/1996** 3a. Date of Last Report **4/30/97**

2. Principal Place of Business
21 **5382 SHADOW LAWN DC**
Suite, Apt. #, etc.
22 City & State **SARASOTA FL**
23 Zip **34242** Country
24 **34242** 25

2a. Mailing Address
26 **5382 SHADOW LAWN DR**
Suite, Apt. #, etc.
27 City & State **SARASOTA FL**
28 Zip **34242** Country
29 **34242** 30

4. FEI Number **13-2964851**
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
**MAHLMAN, NANCY D
350 BOB WHITE DR.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name **MAHLMAN, NANCY D**
82 Street Address (P.O. Box Number is Not Acceptable) **5382 SHADOW LAWN DR**
83
84 City **SARASOTA FL** 85 Zip Code **34242**

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 *Nancy D. Mahlman* **4/22/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MAHLMAN, ROBERT O	
STREET ADDRESS	350 BOB WHITE DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MAHLMAN, NANCY D	
STREET ADDRESS	350 BOB WHITE DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MAHLMAN, NANCY D	
STREET ADDRESS	350 BOB WHITE DR.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHLMAN, ROBERT W	
STREET ADDRESS	8 MIDLAND GARDENS	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *Nancy D. Mahlman*

CR2E034 (9/96)