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FILED

**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**

2a. Mailing Address
26 **5382 SHADOW LAWN DR**

4. FEI Number
13-2964851

Applied For
 Not Applicable

22 City & State
SARASOTA FL

27 City & State
SARASOTA FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip
34242

24 Country

28 Zip
34242

29 Country

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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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)