

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002733 (1)
 1. Corporation Name
ROBERT O. MAHLMAN, INC.



Principal Place of Business 5382 SHADOWLAWN DR SARASOTA FL 34242 US	Mailing Address 5382 SHADOWLAWN DR SARASOTA FL 34242 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5104 FLICKER FIELD	2a. Mailing Address 26 5104 FLICKER FIELD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34231	Country 25 US
Zip 29 34231	Country 30 US

3. Date Incorporated or Qualified 05/30/1996	
4. FEI Number 13-2864851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MAHLMAN, NANCY D
5382 SHADOW LAWN DR
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Nancy D. Mahlman* DATE **5/15/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PDC	<input type="checkbox"/>
NAME	MAHLMAN, ROBERT O	
STREET ADDRESS	350 BOB WHITE DR.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VST	<input type="checkbox"/>
NAME	MAHLMAN, NANCY D	
STREET ADDRESS	350 BOB WHITE DR.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DC	<input type="checkbox"/>
NAME	MAHLMAN, NANCY D	
STREET ADDRESS	350 BOB WHITE DR.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/>
NAME	MAHLMAN, ROBERT W	
STREET ADDRESS	8 MIDLAND GARDENS	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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* DATE: **5/15/98** 941 926 0111

CR2E034 (10/97)