


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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90065 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002733

1. Corporation Name
ROBERT O. MAHLMAN, INC.



Principal Place of Business 5104 FLICKER FIELD SARASOTA FL 34231 US	Mailing Address 5104 FLICKER FIELD SARASOTA FL 34231 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1996	
21	26	4. FEI Number 13-2964851		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAHLMAN, NANCY D 5362 SHADOW LAWN DR <i>5104 FLICKER FIELD</i> SARASOTA FL 34242 <i>34231</i>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 *Nancy D. Mahlman* 3/15/99
Signature, typed or printed name of registered agent and title if applicable. (NO) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHLMAN, ROBERT O			1.2 NAME			
STREET ADDRESS	360 BOB WHITE DR <i>5104 FLICKER FIELD</i>			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34230 <i>34231</i>			1.4 CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHLMAN, NANCY D			2.2 NAME			
STREET ADDRESS	350 BOB WHITE DR <i>5104 FLICKER FIELD</i>			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236 <i>34231</i>			2.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHLMAN, NANCY D			3.2 NAME			
STREET ADDRESS	350 BOB WHITE DR <i>5104 FLICKER FIELD</i>			3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236 <i>34231</i>			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHLMAN, ROBERT W			4.2 NAME			
STREET ADDRESS	#MIDLAND GARDENS <i>#4</i>			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRONXVILLE NY 10708			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: NANCY D. MAHLMAN *Nancy D. Mahlman* 3/15/99 9419360111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)