

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G13663**

(1)

1. Corporation Name  
**MAKALIKA, INC.**

Principal Place of Business

PO BOX 3485  
VERO BCH FL 32964  
US

Mailing Address

PO BOX 3485  
VERO BCH FL 32964  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/16/1982**

3a. Date of Last Report  
**01/20/1994**

4. FEI Number  
**31-1050337**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, MARY MARGARET RICH**  
**251 ISLAND CREEK DR**  
**JOHNS ISLAND**  
**VERO BCH FL 32963**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD**  
**CARR, MARY MARGARET RICH**  
**251 ISD CREEK DR.**  
**VERO BEACH FL - 32963**

1.1 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**32963**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ATD**  
**CARR, ROBERT F. III**  
**55 W. MONROE ST., SUITE 2550**  
**CHICAGO IL - 60603**

2.1 TITLE ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**60603**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD**  
**CARR, JOSEPH SAMPSELL**  
**1410 N STATE PKWY, #19A**  
**CHICAGO IL - 60610**

3.1 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**60610**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - 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 110.07(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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mary Margaret Rich Carr - Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY MARGARET RICH CARR**

**1/23/95 (407) 231-1035**

Date

Signature Here #