

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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

3. Date Incorporated or Qualified
12/16/1982

3a. Date of Last Report
01/27/1995

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Mary Margaret Rich Carr

DATE

4/1/96

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

CARR, MARY MARGARET RICH

STREET ADDRESS

251 ISD CREEK DR.

CITY-ST-ZIP

VERO BEACH FL

TITLE

ATD

☐ DELETE

NAME

CARR, ROBERT F. III

STREET ADDRESS

55 W. MONROE ST., SUITE 2550

CITY-ST-ZIP

CHICAGO IL

TITLE

VSD

☐ DELETE

NAME

CARR, JOSEPH SAMPELL

STREET ADDRESS

1410 N STATE PKWY, #19A

CITY-ST-ZIP

CHICAGO IL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Mary Margaret Rich Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

4107-231-1035
Toll Free

CR2E034 (12/95)