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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G40644

M- A- U	., INC.									
									81811 81811 1831 -	
Principal Plac	e of Business	Mailing /	Address						01011 01011 1001	
% JOHN GUTCHER % JOHN GUTCHER										
2105 S DALE MABRY 2105 S DALE MABRY TAMPA FL 33629 TAMPA FL 33629							DO NOT WRITE IN TH	IIS SPACE		
TAMEA 12 000	23	1AMES E	1 33029				3. Date Incorporated or Qualified	·		1
							05/16/1983		1	l
2. Principal P	Place of Business	2a. Maili	ing Address				4. FEI Number		pplied For	┨
21		26	v				59-2301848	<u> </u>	ot Applicable	1
Suite, Apt.	#, etc.	1	e, Apt. #, etc.						Additional	1
22		27	27				5. Certifcate of Status Desired		equired	Ì
City & Stat	le	City	& State				6. Election Campaign Financing	\$5.00	May Be	1
23		28					Trust Fund Contribution		to Fees	l
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year	Intangible		1
24	25	29		30	,		Personal Property Tax.	Yes	□No]
	9. Name and Address of Curre	ent Registered	Agent		ļ		10. Name and Address of New Registers	d Agent		ļ
CHI	CHER, JOHN				81	Name				ì
	5 S DALE MABRY			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	PA FL 33629						45 - 1-4 - 1-5 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
173141	I A I L 33029				83					
	•			•	84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code	ł
A A	40.						<u> </u>	L		
office or r	egistered agent, or both, in the Stat	te of Florida. Suc	ch change was at	uthorized	l by th	named corpo ne corporation	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its pointment as re	registered aistered	
agent. I a	m familiar with, and accept the oblig	gations of, Section	on 607.0505, Flo	rida Statu	ıtes.	-	, , , , , , , , , , , , , , , , , , ,		3	ļ
SIGNATURE										
12.	Signature, typed or printed name of registered ag	gent and title if applical		Registered :	Agent s	signature required	when reinstating) WAR OATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	NDS IN 12	1
TITLE	D	WO DINEOTON	DELETE	1.1 TIT			· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME	GUTCHER, JOHN			1.2 NA			\$ 7.4 mm 4.3			
STREET ADDRESS	1001 MORRISON CT.				_	DDRESS				
CITY-ST-ZIP	TAMPA FL				Y-ST-Z		·			ļ
TITLE	DV		☐ DELETE	1.4 GH		Life				1
NAME I	GUTCHER, CLARISSA			2.1 TM				☐ Change	Addition	
STREET ADDRESS	401011214 0011110011		C NETELE	2.1 TIT 2.2 NAI	ΊË			Change	Addition	ļ
011111111111111111111111111111111111111	1001 MORRISON CT		C) pereie	2.2 NA	lë Me	DORESS		☐ Change	Addition	
CITY, ST. 7IP	1001 MORRISON CT		O nerele	2.2 NAJ 2.3 STF	LE ME REET AI	DORESS		☐ Change	Addition	
CITY-ST-ZIP	TAMPA, FL 00000	1	DELETE	2.2 NAJ 2.3 STF 2. 4 CF	LE ME REET AI TY-ST	1				
TITLE	TAMPA, FL 00000 D	:		2.2 NAI 2.3 STF 2.4 CF 3.1 TFF	LE ME REET AI TY-ST LE	1		☐ Change	Addition	
TITLE NAME	TAMPA, FL 00000 D GUTCHER, MARK	;		2.2 NA/ 2.3 STF 2.4 CF 3.1 TTF 3.2 NA/	LE ME REET AI TY-ST-, LE ME	ZIP				
TITLE NAME STREET ADDRESS	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT.	1		2.2 NAJ 2.3 STF 2.4 CF 3.1 TTF 3.2 NAJ 3.3 STF	LE ME REET AI TY-ST- LE ME REET AI	ZIP				
TITLE NAME	TAMPA, FL 00000 D GUTCHER, MARK	1		2.2 NAJ 2.3 STF 2.4 CF 3.1 TTF 3.2 NAJ 3.3 STF	LE ME REET AI TY-ST- LE ME REET AI	ZIP			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D	•	☐ DELETE	2.2 NAJ 2.3 STF 2.4 CF 3.1 TTF 3.2 NAJ 3.3 STF 3.4. CF	LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE	ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D GUTCHER, ALLAN		☐ DELETE	2.2 NAJ 2.3 STF 2.4 CF 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CF 4.1 TITI 4.2 NA	LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE LE	ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D GUTCHER, ALLAN 1001 MORRISON CT.		☐ DELETE	22 NAJ 23 STF 2.4 CF 3.1 TITI 32 NAJ 33 STF 34. CF 4.1 TITI 4.2 NA 4.3 STF	LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE LE ME	ZIP DDRESS ZIP DDRESS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D GUTCHER, ALLAN		☐ DELETE	22 NAJ 23 STF 2.4 CF 3.1 TITI 32 NAJ 33 STF 34. CF 4.1 TITI 4.2 NA 4.3 STF	LE ME REET AI TY-ST-, LE ME TY-ST-, LE ME REET AI TY-ST-, TY-ST-,	ZIP DDRESS ZIP DDRESS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D GUTCHER, ALLAN 1001 MORRISON CT. TAMPA FL		☐ DELETE	22 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/ 3.3 STF 3.4 CF 4.1 TITI 4.2 NA/ 4.3 STF 4.4 CF	LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE LE LE REET AI	ZIP DDRESS ZIP DDRESS		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D GUTCHER, ALLAN 1001 MORRISON CT. TAMPA FL D		☐ DELETE	2.2 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/ 3.3 STF 3.4. CF 4.1 TITI 4.2 NA/ 4.3 STF 4.4 CF 5.1 TITI 5.2 NA/	LE REET AI TY-ST- LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE LE ME ME	ZIP DDRESS ZIP DDRESS		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA, FL 00000 D GUTCHER, MARK 1001 MORRISON CT. TAMPA FL D GUTCHER, ALLAN 1001 MORRISON CT. TAMPA FL D GUTCHER, DAVID H.		☐ DELETE	2.2 NAV 2.3 STF 2.4 CT 3.1 TITI 3.2 NAV 3.3 STF 3.4. CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF	LE REET AI TY-ST- LE ME REET AI TY-ST- LE ME REET AI TY-ST- LE LE ME ME	ZIP DDRESS ZIP DDRESS ZIP DDRESS		Change	☐ Addition	

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 agyattachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90003 037 ***150.00