

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED

DOCUMENT # **H52713**

(5)

M.A.K. OF ORLANDO, INC.

107 W. MARKS ST.
P.O. BOX 2106
ORLANDO FL 32802-9106

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P.O. BOX 2106
ORLANDO FL 32802-9106

3. Date of Incorporation (or Reincorporation) **04/17/1985** 3a. Date of Last Report **04/20/1994**

4. FIC Number **59-2563761** Applied Fee ☐ 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 information fee under 191.002, Florida Statutes ☐ Yes ☒ No

2. Change of Name ☐	2a. Mailing Address
21. Change of Agent ☐	26. Change of Agent ☐
22. Change of Office ☐	27. Change of Office ☐
23. Change of State ☐	28. Change of State ☐
24. Change of County ☐	29. Change of County ☐
25. Change of City ☐	30. Change of City ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKELLAR, MICHAEL I.
107 W. MARKS STREET
ORLANDO FL 32801

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. I, the undersigned, the president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as required by both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Registered Agent must be legible)

Signature of Registered Agent (Registered Agent must be legible)

11

12. OFFICERS AND DIRECTORS

1. NAME	PSV
2. STREET ADDRESS	MCKELLAR, MICHAEL I.
3. CITY	107 W. MARKS STREET
4. STATE	ORLANDO FL
5. NAME	D
6. STREET ADDRESS	MCKELLAR, MICHAEL I.
7. CITY	107 W. MARKS STREET
8. STATE	ORLANDO FL
9. NAME	
10. STREET ADDRESS	
11. CITY	
12. STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. STATE	
17. NAME	
18. STREET ADDRESS	
19. CITY	
20. STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.001-191.004, Florida Statutes. I further certify that the information included 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 available for service of this corporation or the resident or trustee responsible to receive this report as required by Chapter 201, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Michael I. McKellar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95 409-4250575