FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **H52713** **(5)**

1. Corporation Name

M.A.K. OF ORLANDO, INC.

Principal Place of Business
107 W. MARKS ST.
P.O. BOX 2106
ORLANDO FL 32802-9106

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

3. Date Incorporated or Qualified: 04/17/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2563761 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

81 Name: Kenneth B. McKellar
82 Street Address (P.O. Box Number is Not Acceptable): 107 W. Marks Street
83
84 City: Orlando FL 85 Zip Code: 32801

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 Kenneth B. McKellar-Pres DATE 4/18/96

12. OFFICERS AND DIRECTORS

TITLE	PSV	☒ DELETE
NAME	MCKELLAR, MICHAEL I.	
STREET ADDRESS	107 W. MARKS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE
NAME	MCKELLAR, MICHAEL I.	
STREET ADDRESS	107 W. MARKS STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Kenneth B. McKellar	
1.3 STREET ADDRESS	107 W. Marks Street	
1.4 CITY-ST-ZIP	Orlando, Fl 32801	
2.1 TITLE	Director	☒ Change ☐ Addition
2.2 NAME	Kenneth B. McKellar	
2.3 STREET ADDRESS	107 W. Marks Street	
2.4 CITY-ST-ZIP	Orlando, Fl 32801	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth B. McKellar Pres 4/18/96 407-425-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)