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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H74138

(9)

1. Corporation Name
MAHLER ASSOCIATES, INC.

Principal Place of Business

PO BOX 744
P.O. BOX 744
CAPE CORAL FL 33910
US

Mailing Address

PO BOX 744
P.O. BOX 744
CAPE CORAL FL 33910-0744
US

2. Principal Place of Business

21 1510 SE 20TH COURT

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 CAPE CORAL, FLORIDA

City & State

28

Zip

24 33910

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MAHLER-WOLF, CHRISTEL
1510 SE 20TH CT
CAPE CORAL FL 33990

3. Date Incorporated or Qualified

09/04/1985

3a. Date of Last Report

02/26/1996

4. FEI Number

59-2591406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

Signatures must be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MAHLER, HELGA
STREET ADDRESS 4827 SANDS BLVD.
CITY- ST- ZIP CAPE CORAL FL

TITLE VST ☐ DELETE

NAME MAHLER-WOLF, CHRISTEL
STREET ADDRESS 1510 SE 20TH CT
CITY- ST- ZIP CAPE CORAL 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☒ Addition

MANUELA MAHLER-KOCH
3808 HIDDEN ACRES CIRCLE
NORTH FORT MYERS, FL. 33903

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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 an attachment with an address.

SIGNATURE: *Christel Mahler-Wolf* CHRISTEL MAHLER-WOLF Feb 15 97 (941) 458-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)