

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morand Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K49414 1. Corporation Name D.M. MAHER, CORP.	(1)
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Principal Place of Business % DIANE M. MAHER 5003 BRITTANY DR S #13 ST PETERSBURG FL 33715-1607	Mailing Address % DIANE M. MAHER 5003 BRITTANY DR S #13 ST PETERSBURG FL 33715-1607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4950 BRITTANY DR. So Suite, Apt. #, etc. 22 #6 City & State 23 ST. PETERSBURG, FL Zip 24 33715-1607 25 USA	2a. Mailing Address 26 4950 BRITTANY DR. So Suite, Apt. #, etc. 27 #6 City & State 28 ST. PETERSBURG, FL Zip 29 33715-1607 30 USA
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3. Date Incorporated or Qualified 11/29/1988	4. FEI Number 59-2917282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MAHER, DIANE M. 5003 BRITTANY DR S SUITE 13 ST PETERSBURG FL 33715
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10. Name and Address of New Registered Agent 81 Name MAHER DIANE M. 82 Street Address (P.O. Box Number is Not Acceptable) 4950 BRITTANY DR. So. 83 #6 84 City ST. PETERSBURG 85 Zip Code FL 33715
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MAHER, DIANE M.
STREET ADDRESS	5003 BRITTANY DR S #13
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MAHER, PATRICIA
STREET ADDRESS	3691 27TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	S <input type="checkbox"/> DELETE
NAME	MAHER, ROBERT J III
STREET ADDRESS	3691 27TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	D <input type="checkbox"/> DELETE
NAME	MAHER, FRANCIS
STREET ADDRESS	5003 BRITTANY DRIVE, SOUTH #13
CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4950 BRITTANY DR. So.
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4900 BRITTANY DR. So.
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an attachment with an address

SIGNATURE: Diane M. Maher DIANE M. MAHER 3-4-98 813-866-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 8396120

CR2E034 (10/97)