FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L61536** **(3)**

1. Corporate Name

MAHONEY ENTERPRISES, INC.

Principal Place of Business
2301 GULFGATE DRIVE
SARASOTA FL 34231

Mailing Address
2301 GULFGATE DRIVE
SARASOTA FL 34231

DATE FILED IN THIS SPACE

3. Date of Incorporation or Qualification: 04/02/1990

3a. Date of Last Report: 08/05/1994

2. Principal Place of Business — 21 — Suite, Apt. # — 22 — City, State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — Suite, Apt. # — 27 — City, State — 28 — Zip — 29 — County — 30

4. FEI Number: 59-3003470 — 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. The corporation has elected to be governed by Section 607.0832, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WALLACK, MICHAEL M.
2055 WOOD ST, SUITE 208
SUITE 260
SARASOTA FL 34237

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 Section 607.0502 and F.S. Chapter 48, 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: Emily Mahoney

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MAHONEY, MARK R.
ADDRESS	2301 GULFGATE DRIVE
CITY	SARASOTA FL
TITLE	VSD
NAME	MAHONEY, EMILY J.
ADDRESS	2301 GULFGATE DRIVE
CITY	SARASOTA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Add
NAME	
ADDRESS	
CITY	

14. [illegible]

SIGNATURE: Emily Mahoney Emily J. Mahoney 4-27-95 813-972 3187

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0330300 CP