

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

APPROVED
AND
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05 JUL 20 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
1900 PENNSYLVANIA AVE.

DOCUMENT # **L87462**

(2)

2MA CORPORATION, INC.

Principal Place of Business
3209 ALDENWOOD LANE
TALLAHASSEE FL 32303

Mailing Address
2707-B KILLARNEY WAY
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/12/1990	3a. Date of Last Report 04/14/1994
4. FEE Number 59-3019653	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. Does corporation have liability for information fee under § 219.02(1), Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. 144 Sugar Plum	2a. Mailing Address 26.
22. State Apt # etc	27. State Apt # etc
23. City & State TALLA	28. City & State
24. Zip 32312	29. Zip

9. Name and Address of Current Registered Agent

ASKARI, MAHMOUD ("MIKE")
3209 ALDENWOOD LANE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. Zip Code
FL

11. Pursuant to the provisions of Sections 607.02(4) and 607.15(8), 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 understand the obligations of Section 607.02(4), Florida Statutes.

SIGNATURE: *Tracy Askari* VP *7/10/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PD ASKARI, MAHMOUD ("MIKE") 3209 ALDENWOOD LANE TALLAHASSEE FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition	
2. NAME VSD ASKARI, TRACY 3209 ALDENWOOD LANE TALLAHASSEE FL	2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP	☐ Change ☐ Addition	000001546070 -07/25/95--01125--023 ****225.00 ****225.00
3. NAME	3. NAME	☐ Change ☐ Addition	
4. NAME	4. NAME	☐ Change ☐ Addition	
5. NAME	5. NAME	☐ Change ☐ Addition	
6. NAME	6. NAME	☐ Change ☐ Addition	
7. NAME	7. NAME	☐ Change ☐ Addition	
8. NAME	8. NAME	☐ Change ☐ Addition	
9. NAME	9. NAME	☐ Change ☐ Addition	
10. NAME	10. NAME	☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reporting period stated in Section 11. I further certify that the information submitted on this report is not a fraudulent annual report or false and inaccurate 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 owner of the corporation to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 1 of a changed record of office record with an address.

SIGNATURE: *Tracy Askari* VP *7/10/95* *5450357*