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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:04

DOCUMENT # P93000001494 (2)

1. Corporation Name
MARK MAHANNAH COMPANY

Principal Place of Business	Mailing Address
8309 SE WOODCREST PLACE HOBE SOUND FL 33455	8309 SE WOODCREST PLACE HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21 951 BROKEN SOUND PARKWAY
22 Suite, Apt. #, etc. SUITE 108
23 City & State BOCA RATON, FLORIDA
24 Zip 33487
25 Country USA

2a. Mailing Address
26 951 BROKEN SOUND PARKWAY
27 Suite, Apt. #, etc. SUITE 108
28 City & State BOCA RATON FLORIDA
29 Zip 33487
30 Country USA

4. FEI Number: 65-0378679 ☐ 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

9. Name and Address of Current Registered Agent

MAHANNAH, JAMES W
8309 SE WOODCREST PLACE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PARKWAY
83 SUITE 108
84 City BOCA RATON FL 85 Zip Code 33487

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 JAMES W. MAHANNAH [signature] 2-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	MAHANNAH, CHARLES M JR	1.2 NAME		
STREET ADDRESS	8309 SE WOODCREST PLACE	1.3 STREET ADDRESS	951 BROKEN SOUND PARKWAY, SUITE 108	
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	MAHANNAH, JAMES W	2.2 NAME		
STREET ADDRESS	8309 SE WOODCREST PL	2.3 STREET ADDRESS	951 BROKEN SOUND PARKWAY, SUITE 108	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHNARS, JEFFREY T	3.2 NAME		
STREET ADDRESS	8309 SE WOODCREST PLACE	3.3 STREET ADDRESS	951 BROKEN SOUND PARKWAY, 108	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: JAMES W. MAHANNAH [signature] 2-13-95 (407) 241-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266164 CP