

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 8:52

DOCUMENT # P94000003055 (8)

1. Corporation Name

MAKO PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

DEPT OF EMERGENCY MED/ORANGE REG. MED. CTR
ATTN: STEVEN ROTHROCK, 1414 S ORANGE AVE
ORLANDO FL 32806

DEPT OF EMERGENCY MED/ORANGE REG. MED. CTR
ATTN: STEVEN ROTHROCK, 1414 S ORANGE AVE
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/05/1994

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 4046 Gilder Rose Place
Suite, Apt. #, etc.

26 4046 Gilder Rose Place
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Park, FF

28 Winter Park, FL

24 Zip

Country

29 Zip

Country

32792

USA

32792

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J G
201 E. PINE ST.
SUITE 701
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTHROCK, STEVEN
STREET ADDRESS	2677 TIERRA CR.
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D
NAME	ROTHROCK, ANGELA
STREET ADDRESS	2677 TIERRA CR.
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	4046 Gilder Rose Place
1.4 CITY-ST-ZIP	Winter Park FL 32792
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4046 Gilder Rose Place
2.4 CITY-ST-ZIP	Winter Park FL 32792
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)