

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000025241 (8)**

1. Corporation Name
MAH CONSULTING, INC.

Principal Place of Business
**8270 RICHMOND STREET
GIBSONTOWN FL 33534**

Mailing Address
**P. O. BOX 626
RIVERVIEW FL 33569
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 39119 Tucker Rd. Suite, Apt. #, etc. 22 Zephyrhills, FL City & State 23 33540 Zip 24 Country		2a. Mailing Address 26 PO Box 1137 Suite, Apt. #, etc. 27 Zephyrhills, FL City & State 28 33539 Zip 29 Country		3. Date Incorporated or Qualified 03/28/1994	
				4. FEI Number 59-3254081 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent EHNLE, STELLA 733 W. LUMSDEN ROAD BRANDON FL 33511		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	
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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

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	PD	1.1 TITLE	PD
NAME	HUPALO, SHARON K	1.2 NAME	Hupalo, Sharon K.
STREET ADDRESS	8270 RICHMOND STREET	1.3 STREET ADDRESS	39119 Tucker Rd.
CITY-ST-ZIP	GIBSONTOWN FL	1.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	VP	2.1 TITLE	VP
NAME	HUPALO, MICHAEL A	2.2 NAME	Hupalo, Michael A.
STREET ADDRESS	8270 RICHMOND ST	2.3 STREET ADDRESS	39119 Tucker Rd.
CITY-ST-ZIP	GIBSONTOWN FL	2.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	S	3.1 TITLE	T/510 Scheid, Catherine A.
NAME	MCCLEARY, MICHELE C.	3.2 NAME	
STREET ADDRESS	P.O. BOX 1152	3.3 STREET ADDRESS	39119 Tucker Rd.
CITY-ST-ZIP	SEFFNER FL	3.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Catherine A. Scheid* Catherine A. Scheid 2/20/98 (813) 677-8267

CF2E034 (10/97)