

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State
08-16-1999 90001 034 ***150.00

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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|---|
| DOCUMENT # P94000037183 |
| 1. Corporation Name MAK DEVELOPMENT, INC. |

| | |
|---|---|
| Principal Place of Business % P.O. BOX 3873 LONGWOOD FL 32791 | Mailing Address % P.O. BOX 3873 LONGWOOD FL 32791 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/17/1994 | |
| 21 | | 26 | | 4. FEI Number 59-3245884 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For | |
| 22 | | 27 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | | 29 | | Country | |
| 25 | | 30 | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| LOWNDES, JOHN F 215 N. EOLA DR. ORLANDO FL 32801 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANDELL, LESTER N | 1.2 NAME | |
| STREET ADDRESS | 1105 KENSINGTON PARK DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANDELL, ROBERT A | 2.2 NAME | |
| STREET ADDRESS | 1105 KENSINGTON PARK DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNAPP, MAYNARD K | 3.2 NAME | |
| STREET ADDRESS | 334 BORDERS RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON CO 81620 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNAPP, ALISON M | 4.2 NAME | |
| STREET ADDRESS | 334 BORDERS RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVON CO 81620 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0125475

CR2E034 (5/99)

094000037183
605852-90001-34

MAK Development, Inc.
1105 Kensington Park Drive
Altamonte Springs, FL 32714

August 1, 1999

Florida Department of State
Annual Reports Filings
Post Office Box 1500
Tallahassee, Florida 32302

RE: 59-3245884

Per our telephone conversation, enclosed is the \$150 report filing fee for MAK Development. As stated in our conversation, please waive the penalty, late fee since this is the first notice we received. Thank you for your cooperation.

Sincerely,

Tammy Alverson