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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000066560**1. Comporation Name

MAHQUI	is development corpo	PRATION							
Principal Place	e of Business	Mailing Address					 	MATERIA BILA	B)
814 ELM CT. MARCO ISLAND FL 33937 US 814 ELM CT. MARCO ISLAND FL 33937 US						DO	OT WRITE IN T	HIS SPACE	
	•					3. Date Incorporated or	Qualifed '		. 1
					<u>.</u>	09/06/1994			· ·
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	•	ļ 	plied For
21		26				65-0541507			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status D	esired 🗆		Additional equired
City & State	le	City & State				6. Election Campaign F	inancing	\$5.00	May Be
23		28			-	Trust Fund Contribut	on 🗀	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owe	s the current yea		
24	25	29	30			Personal Property Ta		Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address	of New Registe	red Agent	
				81	Name				
GAH 16A⊟814	RLAND, RICHARD ELM CT	High Section 1995		82	Street Addre	ess (P.O. Box Number is No	ot Acceptable)		, million and the column
MARCO ISLAND FL 33937				83					
			•	84	City	The first of the second of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Code
94 100 mark	to the previous of Costings 607.05	E02 and 607 1509 Florida Statu	lec the al	hove bove	-named corn	oration submits this stateme	nt for the purpos	e of changing its	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such change was	uthorized	l by t	the corporatio	on's board of directors. I her	eby accept the a	ppointment as re	gistered
46 agent. La	im familiar with, and accept the obliq	gations of, Section 607.0505, Fk	orida Stati	⊔tes.					1
SIGNATURE	,							·	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	: Registered			d when reinstating)	DAT	E	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOT)	Registered	Agent			DAT	E S AND DIRECTO	DRS IN 12
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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 apachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

1-9-99 941-642-3959