

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000083320 (9)

1. Corporation Name
MAYHAM DIST., INC.



Principal Place of Business

9059 SW 133 CT
UNIT C
MIAMI FL 33186

Mailing Address

P.O. BOX 14-5209
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

4. FEI Number

65-0564418

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'SULLIVAN, KERRI A
9059 SW 133 CT
UNIT C
MIAMI FL 33186

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

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/>	DELETE
NAME	O'SULLIVAN, KERRI A		
STREET ADDRESS	9059 SW 133 CT, UNIT C		
CITY-ST-ZIP	MIAMI FL 33186		
TITLE	T	<input type="checkbox"/>	DELETE
NAME	BLANCHARD, CARIN		
STREET ADDRESS	16640 SW 87 CT		
CITY-ST-ZIP	MIAMI FL 33157		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY-ST-ZIP				
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY-ST-ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY-ST-ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY-ST-ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY-ST-ZIP				
61 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME				
63 STREET ADDRESS				
64 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

CR2E034 (10/97)