

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

FILED

Jan 21 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 # P95000039469 (8)

1. Corporation Name
MAHARG NECEP, INC.



Principal Place of Business 1900 CORPORATE BLVD., N.W., SUITE 201 EAST BUILDING BOCA RATON FL 33431	Mailing Address 1900 CORPORATE BLVD., N.W., SUITE 201 EAST BUILDING BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1995

2. Principal Place of Business 21 8873 NW 1st St Suite, Apt. #, etc.	2a. Mailing Address 26 8873 NW 1st St Suite, Apt. #, etc.
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4. FEI Number 65-0581018	Applied For <input type="checkbox"/> Not Applicable
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22 City & State Coral Springs FL	27 City & State Coral Springs FL
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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23 Zip 33071	24 Country Broward	28 Zip 33071	29 Country Broward
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BREDE, J. DANIEL
1900 CORPORATE BLVD., N.W., SUITE 201
EAST BUILDING
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PECEN, DANIEL J	
STREET ADDRESS	8873 N.W. 1ST STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAHAM, DAVID T	
STREET ADDRESS	130 PRICE ROAD	
CITY-ST-ZIP	JONESBOROUGH TN 37659	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRAHAM, ELEANOR	
STREET ADDRESS	130 PRICE ROAD	
CITY-ST-ZIP	JONESBOROUGH TN 37659	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PECEN, MARY E	
STREET ADDRESS	8873 NW 1 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

Date

Daytime Phone #

954 755 4596

CR2E034 (10/97)