SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

FILED

Jul 30 1998 8:00am

| DOCUMENT # P95000067809 (0) | | | | | | |
|---|--|-------------------------------------|---------------------------------------|---|---------------------------------------|--|
| MARIAH, INC. | | | | | | |
| | , | | | F FRANCARI DIA (BIRI BIRI) BRILL BARRI BRILL BA | II | |
| | | | | | | |
| Principal Place of Business Mailing Address | | | | 7 10011401 112 18101 81111 89111 98111 89111 89 | 148 Adeil 1880t 18111 98119 1811 189) | |
| 206 TRANQUILITY COVE 206 TRANQUILITY COVE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32 | | | 204 | | | |
| US | FRINGS FL 32/01 | ALTAMONTE SPRINGS FL 32 US | <i>(</i> 0) | DO NOT WRITE IN TH | HIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | · · · · · · · · · · · · · · · · · · · | 09/01/1995 | | |
| | Place of Business | 28. Mailing Address 26 416 E. HJ | lacast St | 4. FEI Number | Applied For | |
| 21 4(Le Sulte, Apt. | E. Hillcrest St. | 26 416 E. HV | 10 63. 21 | 59-3334585 | Not Applicable \$8.75 Additional | |
| 22 | m, 010. | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & Stat | le | 1 1 2 2 2 2 | 41 0 | 6. Election Campaign Financing | \$5.00 May Be | |
| | ando, Florida | 28 Orlando | , Horida | Trust Fund Contribution | Added to Fees | |
| Zip 328 | Country | 20 Zip 32803 2 | Country | 8. This corporation owes or has paid the o | a · a · | |
| 24 32 | 9. Name and Address of Current | 128 | 0 032 | Personal Property Tax due June 30. 10. Name and Address of New Registere | Yes No | |
| MCD | ONALD. PETER | In Marian Libertr | 81 Name | 10. France and Addition of Heat Registere | A LINGUIT | |
| 202 TRANGLIII ITV COVE | | | 92 0 | Address (D.O. Boy Number is Not Assentable) | | |
| ALTAMONTE SPRINGS FL 32701 | | | 82 Street | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |
| | | | 84 City | | 85 Zip Code | |
| | | | | F | | |
| 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, who or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| Signature, prod or printed name of registered agent and title if applicable (NOT 12. OFFICERS AND DIRECTORS | | | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | |
| TITLE | D | DELETE | 1.1 TITLE | ≱ T | Change Addition | |
| NAME | MCDONALD, PETER | 7 | 1.2 NAME | Paula Radman | | |
| STREET ADDRESS | 247 BAYOU CIRCLE | | 1.3 STREET ADDRESS | 4.6 E. Hill crest St. | | |
| CITY-ST-ZIP | DEBARY FL 32713 | | 1.4 CITY-ST-2IP | orlando Horida 326 | 703 | |
| TITLE | D Rowe, Alan | DELETE | 2.1 TITLE | | L Change L Addition | |
| NAME | 105 WEST COLONIAL DRIVE | | 2.2 NAME | | | |
| STREET ADDRESS | ORALNDO FL 32801 | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | OTTENDO 12 OLOGI | DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | Change Addition | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ··· | | |
| TITLE | | DELETE | 5.1 TITLE | soooozeos: | Change Addition | |
| NAME | | | 5.2 NAME | -0 8 /03/9801111 | -027 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | *** 1 50.00 | 1 | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Channe Addition | |
| NAME | | F" DEFEIF | 6.2 NAME | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 12 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | 7.30 | |
| | artify that the information symplicit with the | ale filing done not qualify for the | | section 119.07(3)(i), Florida Statutes, I further certif | by 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.

Division of Corporations Annual Reports Filings PO Box 6327 Tallahassee, FL 32314

July 12, 1998

To whom it may concern,

Enclosed is a check for \$150, the initial filing fee. We never recieved a first notice from the Division of Corporations and consequently, are not willing to pay the later fee of \$550. If this is not acceptable, please call me at 407–425–8096.

Sincerely,

Paula Redman