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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 02 1998 8:00am Secretary of State

1. Corporation Name # P95000 ALLEN & MALLER, P.A.	0088082 (9)			
Principal Place of Business	Mailing Address			18184 18111 88181 (8318 118) 1891
4508 CENTRAL AVE	4508 CENTRAL AVE			
ST PETERSBURG FL 33711 ST PETERSBURG FL 3371		711		
			DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
			01/01/1996	
2. Principal Place of Business 2a. Mailing Address			4, FEI Number	Applied For
21	26		59-3349231	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
	├─ <b>┐</b> ′		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
		<b>⊢</b> ′	8. This corporation owes or has paid the o	_ · _ ~
24 25 25 9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	. Trogramorou regarit	81 Name	In, Haile and Address of New Hogistore	u Agent
ALLEN, JOHN T JR		,,,,,,,		
4508 CENTRAL AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33711		83		
		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligated SIGNATURE    Signature, typed or printed name of registered agent.	tions of, Section 607.0505, F	lorida Statules.		of changing its registered opointment as registered
		16 : Registered Agent signature requ		in supported with
12. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME ALLEN, JOHN T JR	<u> </u>	1.2 NAME		[_] ontargo Notition
STREET ADDRESS 5929 BAYVIEW CIRCLE S		1.3 STREET ADDRESS		8
OTY-ST-ZIP GULFPORT FL 33707				ļ L
TITLE D	DELETE	1.4 C(TY - ST - Z(P 2.1 T(TLE		Change Addition
NAME MALLER, KAREN E		2.2 NAME		change notifier
STREET ADDRESS 6503 STONE RIVER RO UNIT 105		2.3 STREET ADDRESS		
CITY-ST-ZIP BRADENTON FL 34203		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change   Addition
NAME		3.2 NAME		
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		İ
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		•
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	head where the	6.2 NAME		C OWNER C MURRIN
		■ U.4 INTONIL		
		64 CTREET ADDRESS		
STREET ADDRESS CITY-SI-ZIP		6 3 STREET ADDRESS 6 4 City-St-Zip		

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 organ attachment with an address.