

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90071 018 ***150.00

DOCUMENT # P96000087269

1. Corporation Name

MAI & ASSOCIATES, INC. OF SOUTH FLORIDA

Principal Place of Business

8223 OLD GROVE DRIVE
ORLANDO FL 32818

Mailing Address

8223 OLD GROVE DRIVE
ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

4. FEI Number

59-3405152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 438 SADDLE BAY LOOP

Suite, Apt. #, etc.

22

2a. Mailing Address

26 P.O. Box 381

Suite, Apt. #, etc.

27

City & State

23 OCOEE FLORIDA

Zip

Country

24 34761 25 USA

City & State

28 OCOEE FLORIDA

Zip

Country

29 34761 30 USA

9. Name and Address of Current Registered Agent

MARKS, BRIAN S
8223 OLD GROVE DRIVE
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

BRIAN S. MARKS

82 Street Address (P.O. Box Number is Not Acceptable)

438 SADDLE BAY LOOP

83

84 City

OCOEE

FL

85 Zip Code

34761

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

Brian S. Marks
Signature, typed or printed name of registered agent and title if applicable.

BRIAN S. MARKS
CHAIRMAN
PRESIDENT
DATE 4-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MARKS, BRIAN A
STREET ADDRESS 8223 OLD GROVE DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE DS ☐ DELETE

NAME MARKS, BRIAN S
STREET ADDRESS 8223 OLD GROVE DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ DELETE

NAME ROLLINS, TREE
STREET ADDRESS 8223 OLD GROVE DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☐ Change ☒ Addition

1.2 NAME CHARLINE B. MARKS
1.3 STREET ADDRESS 438 SADDLE BAY LOOP
1.4 CITY-ST-ZIP OCOEE FL 34761

2.1 TITLE PD ☐ Change ☐ Addition

2.2 NAME BRIAN A. MARKS
2.3 STREET ADDRESS 438 SADDLE BAY LOOP
2.4 CITY-ST-ZIP OCOEE FL 34761

3.1 TITLE CDT ☐ Change ☐ Addition

3.2 NAME BRIAN S. MARKS
3.3 STREET ADDRESS 438 SADDLE BAY LOOP
3.4 CITY-ST-ZIP OCOEE FL 34761

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME TREE ROLLINS
4.3 STREET ADDRESS 438 SADDLE BAY LOOP
4.4 CITY-ST-ZIP OCOEE FL 34761

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Brian S. Marks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 407-654-3224
Date Daytime Phone #