

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

FILED
May 04 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 # **P97000017443 (7)**

1. Corporation Name

MA-LO INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**4336 BLACKOAK LANE
ZELLWOOD FL 32798**

**4336 BLACKOAK LANE
ZELLWOOD FL 32798**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

SEI-59-3433499

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEPHAN, REINHARD G
2609 LEE ROAD STE 540
WINTER PARK FL 32789**

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when re-appointing)

DATE

4/10/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **PD
MANES, VERNON**
STREET ADDRESS **4336 BLACKOAK LANE**
CITY-ST-ZIP **ZELLWOOD FL 32798**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **VD
HAVRON, WILLIAM**
STREET ADDRESS **4336 BLACKOAK LANE**
CITY-ST-ZIP **ZELLWOOD FL 32798**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME **STD
MANES, LORRAINE**
STREET ADDRESS **4336 BLACKOAK LANE**
CITY-ST-ZIP **ZELLWOOD FL 32798**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**TREASURER
MANES, LORRAINE
4336 BLACKOAK LANE
ZELLWOOD, FL 32798**

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☒ Addition

NAME **SECRETARY
HAVRON, MARIE**
STREET ADDRESS **4336 BLACKOAK LANE**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**SECRETARY
HAVRON, MARIE
4336 BLACKOAK LANE
ZELLWOOD, FL 32798**

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME ☐ DELETE

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.

CR2E034 (10/97)