FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S16890** **(3)**

1. Corporation Name

MAHAR AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1420 SUN TREE CT NAPERVILLE IL 60564 US	1420 SUN TREE CT NAPERVILLE IL 60564 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1990

3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 952 Brightwater Circle	26 952 Brightwater Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Maitland FL	City & State 28 Maitland FL
Zip / Country 24 32751 / 25 US	Zip / Country 29 32751 / 30 US

4. FEI Number: 59-3046308 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEFKOWITZ, IVAN M 430 NORTH MILLS AVE ORLANDO FL 32803	81 Name: Patricia A. Mahar 82 Street Address (P.O. Box Number is Not Acceptable): 952 Brightwater Circle 83 84 City: Maitland FL 85 Zip Code: 32751

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: Patricia A. Mahar — Patricia A Mahar — 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS	11 TITLE		☒ Change ☐ Addition
NAME	MAHAR, PATRICIA	12 NAME		
STREET ADDRESS	1420 SUN TREE CT	13 STREET ADDRESS	952 Brightwater Circle	
CITY-ST-ZIP	NAPERVILLE IL	14 CITY-ST-ZIP	Maitland FL 32751	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MAHAR, PATRICIA	22 NAME		
STREET ADDRESS	1420 SUN TREE CT	23 STREET ADDRESS	952 Brightwater Circle	
CITY-ST-ZIP	NAPERVILLE IL	24 CITY-ST-ZIP	Maitland FL 32751	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia A. Mahar — Patricia A Mahar — 4-11-95 — 407-539-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480003 FN