FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

MAHAR AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
952 BRIGHTWATER CIRCLE MAITLAND FL 32751 US	1420 SUN TREE CT NAPERVILLE IL 60564 US

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

3a. Date of Last Report: **04/14/1995**

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. Does corporation owe any back taxes under s. 193.092 Florida Statutes? [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

PATRICIA A. MAHAR
952 BRIGHTWATER CIRCLE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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 607.0505 and 607.1508, Florida Statutes, the above named entity 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	MAHAR, PATRICIA		62 NAME	
STREET ADDRESS	952 BRIGHTWATER CIRCLE		63 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		64 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	65 TITLE	[ ] Change [ ] Addition
NAME	MAHAR, PATRICIA		66 NAME	
STREET ADDRESS	952 BRIGHTWATER CIRCLE		67 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL		68 CITY-ST-ZIP	
TITLE		[ ] DELETE	69 TITLE	[ ] Change [ ] Addition
NAME			70 NAME	
STREET ADDRESS			71 STREET ADDRESS	
CITY-ST-ZIP			72 CITY-ST-ZIP	
TITLE		[ ] DELETE	73 TITLE	[ ] Change [ ] Addition
NAME			74 NAME	
STREET ADDRESS			75 STREET ADDRESS	
CITY-ST-ZIP			76 CITY-ST-ZIP	
TITLE		[ ] DELETE	77 TITLE	[ ] Change [ ] Addition
NAME			78 NAME	
STREET ADDRESS			79 STREET ADDRESS	
CITY-ST-ZIP			80 CITY-ST-ZIP	

14. I do hereby certify that this information supplies with the filing complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that this 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 added above with an address.

SIGNATURE: Patricia A. Mahar Patricia A Mahar, Pres 3-29-96 407-539-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)