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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S16890

(3)

MAHAR AND ASSOCIATES, INC.

FILED Apr 28 1997 8:00am Secretary of State

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	e of Business	`	•							• • • • • • • • • • • • • • • • • • • •
952 BRIGHTWA										
US	ve.v.	US		3. Date Incorporated or Qualified 11/28/1990 4. FEI Number 59-3046308 5. Certificate of Status Desired 5. Election Campaign Financing Trust Fund Contribution Added to Fees  Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  To. 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  Jode Statutes  Registered Agent  Address of Country Address of C						
			See BRIGHTWATER CIR MATLAND FL 32751-4223 US  2a. Mailing Address 4. FEI Numbor 59-3046308 2b. Mailing Address 4. FEI Numbor 59-3046308 2c. Mailing Address 8.75 Additional Fee Required Fee Required City & State 2c. Mailing Address 2c. May Be Tust Fund Contribution 4dded to Fees Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Numbor is Not Acceptable) 83 84 City 85 Vire Address of New Registered Agent 86 City 86 Tust Fund Contribution 87 Supplementary States 88 Vire Address (P.O. Box Numbor is Not Acceptable) 89 Supplementary States (P.O. Box Numbor is Not Acceptable) 80 Supplementary States (P.O. Box Numbor is Not Acceptable) 81 Name 82 Street Address (P.O. Box Numbor is Not Acceptable) 83 Supplementary States (P.O. Box Numbor is Not Acceptable) 84 City 85 Vire Address (P.O. Box Numbor is Not Acceptable) 85 Supplementary States (P.O. Box Numbor is Not Acceptable) 86 Supplementary States (P.O. Box Numbor is Not Acceptable) 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code							
2. Principal F	Place of Business	2a. Ma	iling Address					<u> </u>		
21			g				59-3046308			
Sulte, Apt	#, etc.		ite, Apt. #, etc.						\$8.75	Additional
22							b. Certificate of Status Desired		Fee	Required
City & Star	te	<u> </u>	y & State							•
23	Country			Cour	ntor					
Zip	Country		,	⊢¬	nu y		· · · · · · · · · · · · · · · · · · ·			s. 199.032,
24	9. Name and Address of Curren		d Agent	[30]		· · · · · · · · · · · · · · · · · · ·				
DAS	TRICIA A. MAHAR				81	Name			T	
	BRIGHTWATER CIRCLE			-	82	Stroot Add	rose (P.O. Boy Number is Not Acceptable	(a)		
	ITLAND FL 32751				OZ.	Street Addi	ress (F.O. DOX NOTHER IS NOT Acceptab	10)		
1100 %	10410 12 02101				83					
				ŀ	B4	Cilv			B5 Z	p Code
						,				•
	to the provisions of Sections 607.080 registered agent, or both, in the State am familiar with, and accept the obligations are sections.	of Florida. S ations of, So	Such change was a ection 607.0505, Fla	es, me au authorized orida Stali	by d by ules	e-named corpora: the corpora:	poration's board of directors. I hereby accep	orpose or If the appo	ointment	as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title it app	plicable (NOI	E Registered	Ago	ent signature requi				
12,	OFFICERS ANI	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PTS		☐ DELETE						Chang	e L Addition
NAME	MAHAR, PATRICIA									
STREET ADDRESS	952 BRIGHTWATER CIRCLE									
CITY-ST-ZIP TITLE	MAITLAND FL		DELETE			S1-ZIP			Chano	e Addition
NAME	MAHAR, PATRICIA									
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP	MAITLAND FL			1						
TITLE			DELETE						Chang	e 🔲 Addition
NAME	1			3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				. [] 4100
TITLE			☐] DELETE						Chang	e L.J Addition
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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.

Patricia A

407-539-003-2