

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53512** (7)

1. Corporation Name

MALLERY BUSINESS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3208C E. COLONIAL DR.
STE 260
ORLANDO FL 32803
US

3208C E. COLONIAL DR.
STE 260
ORLANDO FL 32803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

05/01/1994

4. FFI Number

59-3078480

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # etc

26 Suite, Apt # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIEGLER, ALISON
1246 ARLINGTON PL
WINTER PK 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 607.0507 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

(Signature of Agent or Registered Agent, if Agent is a corporation, the name of the corporation and the name of the officer or director who is signing)

(Signature of Registered Agent, if Agent is a corporation, the name of the corporation and the name of the officer or director who is signing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	DPST
2. NAME	ZIEGLER, ALISON
3. STREET ADDRESS	1246 ARLINGTON PLACE
4. CITY, ST, ZIP	WINTER PARK FL
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the information stated in Section 199.032, 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 a director of this corporation at the time of filing this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 1, or Block 1a, if changed, on this attachment with an address.

SIGNATURE:

Alison Ziegler
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/30/95

813 229-4615