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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	CORPORATIONS		
1. Corporatio		01 (8)			
MAHL	YN S. ASSOCIATES, INC.			I NAANTANA DAR TARIA RIBIN ARAH ARAH ARAH	A filat bibit bibit delet bibit bibit bibit bibit
Principa! Place	e of Business	Mailing Address			
7350 102 PL	ACE SOUTH	1100 S FED HWY			
PO BOX 307	·	4			
POINTON B	EACH FL 33435	BOYNTON BEACH FL ( US	33435	3. Date Incorporated or Qualified	3a. Date of Last Report
				09/24/1991	05/01/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0284626	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	- \$5.00 May Be
Zip	Country	28	т	Trust Fund Contribution	Added to Fees
4] <sup>210</sup>	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for in Florida Statutes	
	9. Name and Address of Curre		30	10. Name and Address of New R	-
			81 Name		Tylotorou Algorit
	/, MARLYN S.		82 Street Add	dress (P.O. Box Number is Not Acceptab	lo\
	.M AVENUE				
P.O. BO			83		
GUUDL	AND FL 33933		84 City		85 Zip Code
11 Purcuant t	to the provisions of Sections 607.050	12 and 607 1509 Florida Ctatuta			
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or register	ed agent, or both, in the State of Flor	rida. Such change was authorize	s, the above-named corpo ad by the corporation's boa	pration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authorize tion 607.0505, Florida Statutes.	s, the above-named corpo d by the corporation's boa	pration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered offic pintment as registered agent. I am
SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Spriature, typed or printed raine of registered appears	Morroot, cooo, monda otatutes.			
SIGNATURE _	Signature, typed or printed name of registered authorities.	Tand tile if applicane (NOT	s, the above-named corpo d by the corporation's boat E. Registered Agent signature require 13.		DATE
Signature _ 12.	Signature, typed or printed name of registered a philoped CFFICERS AND	Tand tile if applicance (NOT	E. Registered Agent signature require	ed when reinstaling)	DATE
SIGNATURE _ I <b>2.</b> IILE IAME	Signature, typed or printed raine of registered april OFFICERS AN D STAMEY, MARLYN S.	Tand tile if applicane (NOT	E Registered Agent signature require  13. 1.1 TITLE 1.2 NAME	ed when reinstaling)	DATE CERS AND DIRECTORS IN 12
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The Vertice of 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:

EGOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR