

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1995



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUN 22 AM 8:43

DOCUMENT # **323353** (3)  
 1. Corporation Name  
**MARON, INC.**

Principal Place of Business Mailing Address  
**RONALD E KLINE** **RONALD E KLINE**  
**5542 KINGSWOOD DR** **5542 KINGSWOOD DR**  
**ORLANDO FL 32810** **ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/20/1967** 3a. Date of Last Report **03/24/1994**  
 4. FEI Number **59-1200192** 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 **1830 Long Pond Drive** 26 **1830 Long Pond Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 \_\_\_\_\_ 27 \_\_\_\_\_  
 City & State City & State  
 23 **Longwood** 28 **Longwood**  
 Zip Country Zip Country  
 24 **32779** 25 **Seminole** 29 **32779** 30 **Seminole**

9. Name and Address of Current Registered Agent  
**KLINE, RONALD E**  
**5542 KINGSWOOD DR** **1830 Long Pond Drive**  
**ORLANDO FL 32810** **Longwood, FL 32779**

10. Name and Address of New Registered Agent  
 81 Name \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable) **1830 Long Pond Drive**  
 83 **Lo**  
 84 City **Longwood** FL 85 Zip Code **32779**

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 Mary Kline Mary Kline DATE 6-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, RONALD E</b>	1.2 NAME	
STREET ADDRESS	<b>5542 KINGSWOOD DR.</b>	1.3 STREET ADDRESS	<b>1830 Long Pond Drive</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	<b>Longwood, FL 32779</b>
TITLE	<b>SD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, MARY W</b>	2.2 NAME	
STREET ADDRESS	<b>5542 KINGSWOOD DR.</b>	2.3 STREET ADDRESS	<b>1830 Long Pond Drive</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	<b>Longwood, FL 32779</b>
TITLE	<b>T</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, MARY W.</b>	3.2 NAME	
STREET ADDRESS	<b>5542 KINGSWOOD DR.</b>	3.3 STREET ADDRESS	<b>1830 Long Pond Drive.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	<b>Longwood, FL 32779</b>
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CIRILO, KATHY</b>	4.2 NAME	
STREET ADDRESS	<b>5814 STULL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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: Mary Kline Mary Kline DATE 6-19-95 467-333-9235  
SIGNATURE NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)

CR2E034 (3/95)