

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **697293** (9)

1. Corporation Name
MAVIDON CORPORATION



Principal Place of Business
**3953 S W BRUNER TERRACE
P. O. BOX 1317
PALM CITY FL 34980**

Mailing Address
**3953 S W BRUNER TERRACE
P. O. BOX 1317
PALM CITY FL 34980**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29 34991
25 Country	30 Country

3. Date Incorporated or Qualified 08/03/1981	3a. Date of Last Report 02/17/1995
4. FIC Number 58-1391368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81 Name
MASCIA, VINCENT J 6464 SPY GLASS LN STUART FL 34997		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, Sections 607.0508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	MASCIA, VINCENT J 6464 SPY GLASS LANE STUART, FL 00000	<input type="checkbox"/> DELETE	
TD	STACEY, KATHLEEN M. 1900 SW BELGRAVE TR STUART FL	<input type="checkbox"/> DELETE	
D	WHITE, ROBERT 5870 WINGED FOOT DR STUART FL	<input type="checkbox"/> DELETE	
D	MASCIA, THOMAS M. 1600 BELGRAVE TERR. STUART FL	<input type="checkbox"/> DELETE	
VD	MASCIA, DAVID J 1680 S W BELGRAVE TER STUART, FL 00000	<input type="checkbox"/> DELETE	
SD	MASCIA, ROBERTA 6464 SPY GLASS LANE STUART FL	<input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this report is true, correct and does not conflict with the information filed in Section 118.02(9)(c), Florida Statutes. I further certify that the information is true, correct and does not conflict with the information filed in Section 118.02(9)(c), Florida Statutes 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 registered agent or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an individual with an address.

SIGNATURE: *Kathleen M. Stacey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 407-286-8951

CR2E034 (12/95)