

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 697293 (9)

1. Corporation Name
MAVIDON CORPORATION



Principal Place of Business 3953 S W BRUNER TERRACE P. O. BOX 1317 PALM CITY FL 34990	Mailing Address 3953 S W BRUNER TERRACE P. O. BOX 1317 PALM CITY FL 34991 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 08/03/1981	
4. FEI Number 58-1391368	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MASCIA, VINCENT J
 6464 SPY GLASS LN
 STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, Section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HORA, CHARLES J
STREET ADDRESS	3953 BRUNER TERR.
CITY-ST-ZIP	PALM CITY FL 34990-1317
TITLE	D <input type="checkbox"/> DELETE
NAME	WRIGHT, JAMES W
STREET ADDRESS	3935 BRUNER TERR.
CITY-ST-ZIP	PALM CITY FL 34990-1317
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, DAVID L
STREET ADDRESS	3935 BRUNER TERR.
CITY-ST-ZIP	PALM CITY FL 34990-1317
TITLE	D <input type="checkbox"/> DELETE
NAME	MASCIA, THOMAS M.
STREET ADDRESS	1800 BELGRAVE TERR.
CITY-ST-ZIP	STUART FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MASCIA, DAVID J
STREET ADDRESS	1880 S W BELGRAVE TER
CITY-ST-ZIP	STUART, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	MASCIA, ROBERTA
STREET ADDRESS	6464 SPY GLASS LANE
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (10/97)