

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90190 042 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 697293**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1981</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>58-1391368</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MASCIA, VINCENT J 6464 SPY GLASS LN STUART FL 34997</b>				10. Name and Address of New Registered Agent		
				81 Name <b>David J. Macia</b>		
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1680 S W Belgrave Ter</b>		
				83		
				84 City <b>Stuart</b>	85 Zip Code <b>FL 34997</b>	

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]* **VP & Treasurer** DATE: **April 21, 1999**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HORA, CHARLES J</b>		1.2 NAME		
STREET ADDRESS	<b>3953 BRUNER TERR.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY FL 34990-1317</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WRIGHT, JAMES W</b>		2.2 NAME		
STREET ADDRESS	<b>3935 BRUNER TERR.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY FL 34990-1317</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEWIS, DAVID L</b>		3.2 NAME		
STREET ADDRESS	<b>3935 BRUNER TERR.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY FL 34990-1317</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASCIA, THOMAS M.</b>		4.2 NAME		
STREET ADDRESS	<b>1600 BELGRAVE TERR.</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>STUART FL</b>		4.4 CITY-ST-ZIP		
TITLE	<b>VD</b> <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASCIA, DAVID J</b>		5.2 NAME		
STREET ADDRESS	<b>1680 S W BELGRAVE TER</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 00000</b>		5.4 CITY-ST-ZIP		
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASCIA, ROBERTA</b>		6.2 NAME		
STREET ADDRESS	<b>6464 SPY GLASS LANE</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>STUART FL</b>		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, with all other like empowered.

SIGNATURE: *[Signature]* **VP & Treasurer** DATE: **April 21, 1999** (919) 468-5979  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)