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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # J67073 (3)
1. Corporation Name
MAVERICK MANAGEMENT, INC.



Principal Place of Business: 10261 W. BROWARD BLVD. PLANTATION FL 33324 US

Mailing Address: 10261 W. BROWARD BLVD. PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 10261 W. BROWARD BLVD. Suite, Apt. #, etc. 22

2a. Mailing Address: 26 10261 W. BROWARD BLVD. Suite, Apt. #, etc. 27

City & State: 23 PLANTATION FL 28

Zip: 24 33324 25 US 29

Country: 30 US

3. Date Incorporated or Qualified: 04/14/1987

4. FEI Number: 59-2804490 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

COSTELLO, JAMES J.
10261 W. BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: JAMES J. COSTELLO JR
82 Street Address (P.O. Box Number is Not Acceptable): 10261 W. BROWARD BLVD
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: *James J. Costello Jr* James J. Costello Jr 1/28/98

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, KEVIN	
STREET ADDRESS	13030 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J. JR.	
STREET ADDRESS	700 NW 100TH TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MILLER, TEREL M.	
STREET ADDRESS	9830 SW 15TH DRIVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COSTELLO, JAMES J S	
STREET ADDRESS	6801 NW 6TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	BURGESS, Michael	<input type="checkbox"/> DELETE
NAME	BURGESS, Michael	
STREET ADDRESS	721 SANDLEWOOD LANE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	TD MILLER, TEREL M.
3.3 STREET ADDRESS	9830 SW 15TH DRIVE
3.4 CITY-ST-ZIP	DAVIE, FL.
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 checked="" type="checkbox"/> Addition
5.2 NAME	BURGESS, Michael C
5.3 STREET ADDRESS	721 SANDLEWOOD LN.
5.4 CITY-ST-ZIP	PLANTATION, FL 33317
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	000002443440
6.4 CITY-ST-ZIP	-03/02/98--01008--000
	***158.75

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: *James J. Costello Jr* James J. Costello Jr 1/28/98 9544239030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0296018

CR2E034 (10/97)