

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38003 (2)

1. Corporation Name
MAASAI SPECIAL PROJECTS FUND, INC.



Principal Place of Business %KERRY M WILSON 141 5TH ST NW #300 WINTER HAVEN FL 33881	Mailing Address %KERRY M WILSON 141 5TH ST NW #300 WINTER HAVEN FL 33881
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1990	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0216787	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**WILSON, KERRY M.
 141 5TH ST. NW #300
 WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0512 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **PREIDENT** DATE **9/12/97**

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JEFF BLACK	
STREET ADDRESS	1215 HICKMAN ROAD	
CITY-ST-ZIP	AUGUSTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRANG, SHORTER T S	
STREET ADDRESS	1329 N. LAKE OTIS DR. SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORT, ROBERT	
STREET ADDRESS	415 WILLOW OAK CT.	
CITY-ST-ZIP	FORT MEADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATES, JAYNE VARN	
STREET ADDRESS	TRASK ROAD	
CITY-ST-ZIP	FORT MEADE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRANG, DR. FRED FOY	
STREET ADDRESS	2283 MAGAN'S OCEAN WALK	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRANG, CECILY	
STREET ADDRESS	2283 MAGAN'S OCEAN WALK	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	→ 1820 Blue Ridge Rd.
1.4 CITY-ST-ZIP	GAWSVILLE, GA 30501
2.1 TITLE	REV. (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID DENDY
2.3 STREET ADDRESS	23319 GREENRUSH DR
2.4 CITY-ST-ZIP	KATY, TX 77494
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	→
5.3 STREET ADDRESS	2716 LAUREL DRIVE
5.4 CITY-ST-ZIP	VERO BEACH, FL 32960
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	→
6.3 STREET ADDRESS	2716 LAUREL DRIVE
6.4 CITY-ST-ZIP	VERO BEACH, FL 32960

14. I do 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 registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **PREIDENT** DATE **9/12/97** **54-778-2770**

CFR2037 (4/97)