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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042190 (6)

MAVERICK MARKETING & CONSULTING, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3705 OCEAN DRIVE 3705 OCEAN DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/07/1994</u> 2a. Mailing Address 26 PDBO 4. FFI Numbe 2. Principal Place of Business Applied For Not Applicable 65-0495817 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 図 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip 8. This corporation owes or has paid the current year Intangible 29 32964-3325 30 Yes Personal Property Tax due June 30. 25 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name ROMINE, CAROL 3705 OCEAN DR Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 83 84 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELFTE ☐ Change ☐ Addition TITLE 1.1 TOLE BEARD, DONALD E NAME 1.2 NAME 3705 OCEAN DRIVE STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 1.4 C(TY-ST-7)P CITY-ST-ZIP Change Addition DELFTE **VPST** 2.1 THLE ROMINE, CAROL 22 NAME 3705 OCEAN DRIVE 2.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 changing or on air affair thment with an address.

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CAROL Romine 1/22/98 (5161) 234-0300

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