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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN

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Secretary of St

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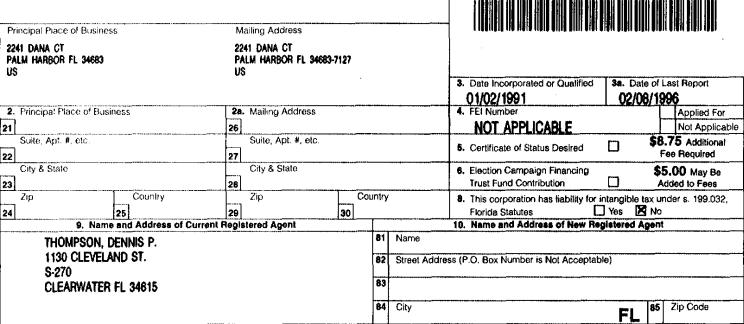
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GENE MAXON ASSOCIATES, INC.

FILED Feb 21 1997 8:00am Secretary of State



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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signarive: type-dior printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6)PST DELETE 1.1 TITLE Change Addition THILE MAXON, EUGENE S. 1.2 NAME R2E034 NAME 2241 DANA COURT 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY - \$1 - 20F 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-SI-ZIP DELETE Change Addition 9 1 TITLE THILE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET AOORESS CITY-ST-ZIP 34. City-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADORESS** 5.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 6.1 TITLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

SUNDENCE S. MAKON SIGNATURED OF PRINTED NAME OF SIGNATURED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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