FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 328138 (3)

1. Corporation Name
MAISONETTES SOUTH INC

Principal Place of Business
6849 N. OCEAN BLVD
OCEAN RIDGE FL 33435

Mailing Address
6849 N. OCEAN BLVD
OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified: 03/29/1968
3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-1286294 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SCRUTON, R T
6849 NORTH OCEAN BLVD
OCEAN RIDGE, FL
33435

10. Name and Address of New Registered Agent
81 Name: FARR, MARY LOU
82 Street Address (P.O. Box Number is Not Acceptable): 6849 N. Ocean Blvd.
83
84 City: Ocean Ridge, FL 33FL5 85 Zip Code: 33435

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: Mary Lou Farr DATE: 5/16/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	RUSSELL, F FORSHA		1.2 NAME	GRABNER, GEORGE	
STREET ADDRESS	6849 N OCEAN BLVD		1.3 STREET ADDRESS	6849 N. OceanBlvd.	
CITY-ST-ZIP	OCEAN RIDGE FL		1.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MCKENNEY, PAUL		2.2 NAME		
STREET ADDRESS	6849 N OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME	HOFFMASTER, JANET		3.2 NAME	McCRACKEN, Mrs. G.H.	
STREET ADDRESS	6849 N OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	AT	☒ DELETE	4.1 TITLE	DT	☐ Change ☒ Addition
NAME	SCRUTON, ROBERT T		4.2 NAME	LANDEN, JOHN L.	
STREET ADDRESS	6849 N OCEAN BLVD		4.3 STREET ADDRESS	6849 N. Ocean Blvd.	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		4.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	D	☒ DELETE	5.1 TITLE	SAT	☐ Change ☒ Addition
NAME	MCCRACKEN, MARTHA		5.2 NAME	FARR, MARY LOU	
STREET ADDRESS	6849 N OCEAN BLVD		5.3 STREET ADDRESS	6849 N. Ocean Blvd.	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		5.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE	DT	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	LANDEN, JOHN L.		6.2 NAME	WHEELER, HENRY	
STREET ADDRESS	6849 N OCEAN BLVD		6.3 STREET ADDRESS	6849 N. Ocean Blvd.	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000		6.4 CITY-ST-ZIP	Ocean Ridge, FL 33435	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary Lou Farr Mary Lou Farr 5/16/96 407-737-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (12/95)